

REQUEST TO ESTABLISH DOCKET

(Please Type)

Date: 1/7/2008

Docket No.: 080027-TC

1. Division Name/Staff Name: Division Of Competitive Markets & Enforcement/Isler

2. OPR:

3. OCR: Office Of The General Counsel

4. Suggested Docket Title: Request for cancellation of PATS Certificate No. 2126 by James D. Kenworthy, effective December 20, 2007.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES OR ACRONYMS ONLY if a regulated company.
- B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

1. Parties and their representatives (if any):

2. Interested persons and their representatives (if any):

6. Check one:

- Documentation is attached.
- Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

00149 JAN-7 8

FPSC-COMMISSION CLERK

From the Desk of

Paula Isler

Florida Public Service Commission

January 7, 2008

RE: James D. Kenworthy (TD919)

Dear Mr. Kenworthy:

The Commission received the 2007 Regulatory Assessment Fee return form with the note "Out of business since Nov. 2006" written on it. Unfortunately, since we were not notified to cancel your pay telephone certificate prior to December 20th, it remains active. However, I will now open a docket to cancel the certificate with an effective date of December 20, 2007 (the date we received the form).

There are two types of cancellation. One is voluntary, which is when a certificate holder writes us and requests cancellation and pays all Regulatory Assessment Fees. The other is involuntary, and is when a certificate is cancelled on the Commission's own motion for violation of a rule, order, or statute. As information, the Regulatory Assessment Fee is applicable if a certificate is active for any day during a calendar year even if a company had no revenues or ever started operations.

I checked your 2006 Regulatory Assessment Fee return form and found that it was postmarked on December 27, 2006. It shows five payphones still in operation at the end of 2006. In addition, there was no note on the form nor a letter attached requesting cancellation.

If you decide to pay the \$100 minimum fee by the due date of January 30, 2008, please write "TD919" on your check and use the enclosed blue envelope, which will insure prompt processing.

If you decide not pay the \$100 minimum, the certificate will still be cancelled. It will just be cancelled on the Commission's own motion. Unfortunately, any unpaid fees are turned over to collections. However, the order cancelling the certificate will have a statement that provides if the 2007 fee is paid by the end of the protest period, the cancellation will be considered voluntary.

Please let me know by January 22, 2008, how you wish to proceed. If you have any questions, I can be reached at (850) 413-6502-phone, (850) 413-6503-fax, via e-mail at PIsler@psc.state.fl.us, or at 2540 Shumard Oak Blvd., Tallahassee, FL 32399-0850.

DOCUMENT NUMBER-DATE
00149 JAN-7 8
FPSC-COMMISSION

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2007 TO 12/31/2007

(See Filing Instructions on Back of Form)

TD919-07-0-R
James D. Kenworthy
7374 Pinewalk Drive, S.
Margate, FL 33063-8106

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY
Check # No check!
\$ _____ 06-03-001
003001
\$ _____ E
\$ _____ P 06-03-001
004011
Postmark Date _____
Initials of Preparer _____

Paula Ister

Kenworthy Payphones 7374 Pinewalk Dr S MARGATE, FL 33063
(Name of Company) (Address) (City/State) (Zip)

LINE NO.

Out of business since Nov 2006
ACCOUNT CLASSIFICATION

AMOUNT

1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ _____ ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	_____

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

James Kenworthy _____ 12/17/07
(Signature of Company Official) (Title) (Date)

JAMES KENWORTHY Telephone Number 954 344-8021 Fax Number _____
(Preparer of Form - Please Print Name)

F.E.I. No. No longer in business

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2006 TO 12/31/2006

TD919-06-0-R
 James D. Kenworthy
 7374 Pinewalk Drive, S.
 Margate, FL 33063-8106

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY			
Check #	7340		
\$	50.00	06-03-001	003001
\$		E	
\$		P	06-03-001
\$		I	004011
Postmark Date	12-27-06		
Initials of Preparer	RT		

 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 4680 ⁻
2.	Gross Intrastate Revenue	4212 ⁻
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(1880 ⁻)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 2320 ⁻
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	464
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	—
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	—
8.	Extension Payment Fee (see "4. Extension" on back)	—
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ 50 ⁻ ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	5

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

James D. Kenworthy President & owner 12/27/2006
 (Signature of Company Official) (Title) (Date)

 (Preparer of Form - Please Print Name)

Telephone Number (954) 344-8021 Fax Number ()

F.E.I. No. 65-0145662

MCD Company Information for TD919

Printed on 01/04/2008 at 16:48:17 by PJI

Company Code: TD919
Complete Name: James D. Kenworthy
Mailing Name: James D. Kenworthy
Certificate No(s): 2126
Status: Active
Regulation Date: 09/08/1988
Bankruptcy: No
Company Liaison #1: James D. Kenworthy
Title: Owner
Mailing Address: 7374 Pinewalk Drive, S.

Physical Location: Margate, FL 33063-8106
7374 Pinewalk Drive, S.

Phone: Margate, FL 33063-8106
(954) 344-8021
Fax:

Related Dockets:

880916-TC Application of JAMES D. KENWORTHY for certificate to provide pay telephone service.