

A.C.T. Advanced Communication Technologies  
229 East Sixth Street  
Jacksonville, FL 32206

Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

Gentlemen:

Since we have not operated any pay telephones in Florida for the past several years, we are asking that our certificate be canceled as of 12/31/2020. We are enclosing our annual RAF payment in the amount of \$100 to bring our account current with you.

Sincerely,



David Swearingen  
General Manager

RECEIVED-FPSC  
2021 FEB -3 AM 11:50  
COMMISSION  
CLERK

Florida Public Service Commission

FOR PSC USE ONLY	
Check #	<u>4735746</u>
\$ <u>100</u>	06-03-001 003001
\$ _____	E
\$ _____	P 06-03-001 004011
\$ _____	I
Postmark Date	<u>2-21</u>
Initials of Preparer	<u>RP</u>

STATUS:

- Actual Return  
 Estimated Return  
 Amended Return

(See Filing Instructions on Back of Form)

TH062-20-T-0-R  
 A.C.T. Advanced Communication Technologies  
 220 East 6th Street  
 Jacksonville, FL 32206  
**DATE 06 DEPOSIT**  
**FEB 03 2021 421-**

Please Complete Below If Official Mailing Address Has Changed

*Records*

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.		
	<b>Less:</b> Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( <u>0</u> )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ <u>0</u>
5.	<b>REGULATORY ASSESSMENT FEE DUE</b> - (Multiply Line 4 by <b>0.0016</b> . If more than \$100, enter amount. If less, enter \$100.) <sup>(2)</sup>	<u>100.00</u>
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.	<b>TOTAL AMOUNT DUE</b> (Add lines 5 through 8)	\$ <u>100.00</u>
10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

(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.

David Swearingen General Manager 1/30/21  
 (Signature of Company Official) (Title) (Date)

David Swearingen Telephone Number (904) 305-3733 Fax Number (904) 887-3772  
 (Preparer of Form - Please Print Name)

F.E.I. No. 323-40-3344

David Swearingen  
A.C.T.  
220 E. 6th Street  
Jacksonville, FL 32206

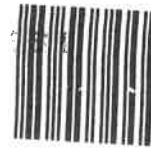
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JACKSONVILLE FL 320

1 FEB



1000



U.S. POSTAGE PAID  
FCM LETTER  
JACKSONVILLE, FL  
32206  
FEB 01, 21  
AMOUNT

**\$0.55**

32399

83305K132059-03

2021 FEB -3 AM 7:18

ATTN: FISCAL  
FLORIDA PUBLIC SERVICE COMMISSION  
2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FL 32399-0876

