

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 1/22/98

Docket No. 780115-10

- 1. Division Name/Staff Name COMMUNICATIONS/Hawkins
- 2. OPR _____
- 3. OCR _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 5000 by David D. Ambrose, Jr.

(TF898)

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

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

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 the recommendation.

AXSA
Products Inc.

TF898

DANKA
AUTHORIZED SALES AGENT

To Whom It May Concern:

I have sold all equipment and
want to cancel my certificate effective
12/31/97.

David Dwyer

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- _____ Actual Return
- _____ Estimated Return

PERIOD COVERED:
01/01/1997 TO 12/31/1997

TF898	P173 997 288
David D. Ambrose, Jr.	
10079 Cara Street	DEPOSIT
Spring Hill, FL	34608-7118
D691	DATE
	JAN 20 1998

FOR PSC USE ONLY	
Check#	<u>968</u>
\$	<u>50.00</u> 0603002
	003001
\$	P 0603002
	004011
\$	I
Postmark Date	<u>1/18/98</u>
Initials of Preparer	<u>DA</u>

Please Complete Below If Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ _____
2.	Gross Intra ⁵⁴ state Revenue	_____
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment	_____
7.	Interest for Late Payment	_____
8.	TOTAL AMOUNT DUE	\$ <u>50.00</u>

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 0
Brenda Hawkins

*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to be 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 D. Ambrose Jr (Signature of Company Official) President (Title) 1/18/98 (Date)
David D. Ambrose Jr (Please Print Name) Telephone Number 352 688-2917

I want to cancel my certificate as of 12/31/97
Dr. DA f