

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 1/28/98

Docket No. 9801311

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

4. Suggested Docket Title Request for cancellation of pay Telephone Certificate No. 2502 by Robert Raymond Williford

(TE 195)

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. (Batch 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.

Florida Public Service Commission
 (See Filing Instructions on Back of Form)

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002
 _____ 003001

\$ _____ P
 _____ 0603002
 _____ 004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

TE195 P173 997 915
 Robert Raymond Williford
 1226 Cordova Street
 Coral Gables, FL 33134-2426

____ Actual Return
 ____ Estimated Return

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

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 Intrastate 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	\$ _____

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 _____

*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.

Elena Williford

 (Signature of Company Official)
 Elena Williford

 (Please Print Name)

Vpres.

 (Title)
 Telephone Number *(305) 446-7377*

 F.E.I. No. *65-046 901f*

1-21-98
 *will pay - per Ms. Williford

01/23/98

 (Date)
 Sent to
 AMU on
 1-21-98