

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 1/2 / 98

Docket No. 980145 12

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR _____

3. OCB _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 5079 by Ada L. Bagwell d/b/a Welcom Telephone Systems

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.)

(TF977)

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.

Pay Telephone Service Provider Regulatory Assessment Fee Return

58

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS

Actual Return
Estimated Return

TF977 P173 998 183
Welcom Telephone Systems
1065 Fairlawn Drive
Rockledge, FL 32955-3031

PERIOD COVERED:
02/20/1997 TO 12/31/1997

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002
003001

\$ _____ P
0603002
004011

\$ _____ 1

Postmark Date _____

Initials of Preparer _____

Please Complete Below If Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ 618.55
2.	Gross Intrastate Revenue	125.60
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	1753.82
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	- \$ (11028.22)
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	- \$ (2.44)
6.	Penalty for Late Payment	0
7.	Interest for Late Payment	0
8.	TOTAL AMOUNT DUE	\$ 50.00

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 - PLEASE CANCEL MY CERTIFICATE.
I DO NOT OWN OR OPERATE PAY TELEPHONES. 0

*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