

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 2/5/98

Docket No. 980197-72

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

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 4652 by Gloria V. Hurley d/b/a M. Gloria's Full Service Salon effective 1/28/98.

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

(TF615)

- 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.

RECEIVED
Jan 30 11 13 AM '98
ADMINISTRATION
MAIL ROOM

Jan 28, 1998

Dear Sir,

As of Dec 31, 1997 I sold my
Beauty Salon My Glamour
2820 Michigan Ave Suite E
Kiss, Fla 34744

I therefore request you cancel my
certificate. The new owner
April Murray address
same as above.

Thank you
Gloria Wurley

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

TF615 P173 997 735
 Mz. Gloria's Full Service Salon
 2820 Michigan Avenue, Suite E
 Kissimmee, FL 34744-1536

DEPOSIT DATE

D700 JAN 30 1998

Please Complete Below If Address Has Changed

FOR PSC USE ONLY

Check# 1462
 \$ 50.00 (0603002)
 (003001)
 \$ _____ P
 (0603002)
 (004011)
 \$ _____ I
 Postmark Date 1/28/98
 Initials of Preparer MC

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

(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	\$ <u>50. —</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 1

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.

Gloria Hurley
 (Signature of Company Official)
GLORIA HURLEY
 (Please Print Name)

Mz Gloria's
 (Title)
1/28/98
 (Date)
 Telephone Number 409 935-1973
 F.E.I. No. _____