

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 2/25/98

Docket No. 481291 1C

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

4. Requested Docket Title Request for cancellation of Pay Telephone Certificate No. 5368 by Andrew Jaggon d/b/a PACIFIC PAYPHONE'S effective Feb. 20, 1998

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

(TG066)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.10d, 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.

6540 SW 10 St
N/LAUREL
FL 33068

Ms. BRENDA HAWKINS,

Re: Certificate # 5368 Andrew Jagon A/6/9
Pacific Pay Phones.

I would like to cancel my existing
certificate with the Public Service Commission
to operate pay telephones in the state of
Florida, effective immediately.

Thanks.

Yours Truly
Andrew Jagon.

RECEIVED

FEB 24 1993

CMU

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

Actual Return
 Estimated Return

PERIOD COVERED:
 06/11/1997 TO 12/31/1997

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG066 P173 997 783 98 FEB 20
 Pacific Payphone's
 6540 S.W. 10th Street
 North Lauderdale, FL 33068-2631
 DEPOSIT DATE
 D715 FEB 23 1998

Please Complete Below if Address Has Changed

FOR PSC USE ONLY

Check# 1012

\$ 50.00 0603002
 003001
 \$ 26 P
 0603002
 004011

Postmark Date 2-18 98
 Initials of Preparer VM

(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)	\$ 50.00
6.	Penalty for Late Payment	_____
7.	Interest for Late Payment	_____
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

1
 Brenda Hopkins

ANDREW JAGGON
 HYACINTH JAGGON
 6540 S.W. 10TH ST.
 N. LAUDERDALE, FL 33068

83-8376/2670
 010

Date 2-17 98

1012

Pay to the Order of Public Service Commission \$ 50.00
 Fifty dollars

BankAtlantic
 1771 N.W. 60th Ave
 Lauderdale, FL 33313

For Pay Phone Coll.

It be deducted from intrastate revenue for purposes of

to knowledge and belief, the above information is a statement in writing with the intent to mislead

(Date)

73-7629.