

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 09/16/98

Docket No. 981157-TC

1. Division Name/Staff Name Communications/Isler

2. OPR Communications/Isler

3. OCR Legal Services

4. Suggested Docket Title Cancellation by Florida Public Service Commission of Pay Telephone Certificate Number 3071 issued to Stump Pass Marine, Inc. For Violation of Rules 25-4.0161, F.A.C., Regulatory Assessment Fees: Telecommunications Companies

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)

Alan Zirkelbach _____

2. Interested Persons and their representatives (if any)

6. Check one:

Documentation is attached.

Documentation will be provided with recommendation.

I:\PSC\RAR\WP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER - DATE

10028 SEP 17 98

FILE RECORDS/REPORTING



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: May 20, 1998
TO: Paula Isler
FROM: Michael Lake
RE: RAF non payments - *Fifth set of 10*

Paula, attached are ten communication companies (fifth set) that I am forwarding to your attention who have not paid their RAF for 1997 as of today's date. Interest through the end of May is \$2.0 and Penalty is \$10. I have a total on the bottom of each sheet as to what amount a utility owes the Commission. I have not made copies, therefore you will need to keep the data for your file.

- 1 TE600 ✓ 110
 - 2 TE602 ✓ 110
 - 3 TE610 ✓ 110
 - 4 TE614 ✓ 110
 - 5 TE635 ✓ 110
 - 6 TE642 ✓ 110
 - 7 TE660 ✓ 110
 - 8 TE685 ✓ 110
 - 9 TE688 ✓ 110
 - 10 TE692 ✓ 110
- 107 - 14 18 - DK 777*

Should you have any questions, please let me know.

G:\pi5.mpl

COPY CODE	COMPANY NAME	ISS DATE	EXPIRES DATE	RFP PERIOD BEGINS	RFP PERIOD ENDS	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RFP PAYMENT & COLL FEE PAYMENT AMOUNT	RFP PAYMENT AMOUNT	COLL ASSESS FEE	RFP NO OFFERING AMOUNT	POST BOND DATE	RESPOND BEGINS	RESPOND ENDS	PERNLTY ONE FOUR DAYS PER DAY	PERNLTY FIVE PERNLTY FEE	INTEREST ONE PERNLTY FEE	INTEREST FIVE PERNLTY FEE	DATE DELINQ LETTER ISSUED	DATE P & I LETTER ISSUED	DAYS OF EXT	EXTENDED AMOUNT \$ PERNLTY ON FIVE D	EXT AMOUNT PAID "TR"	DATE TRS-UP ISSUED	TRIS-UP AMOUNT RECEIVED "TR"	TRIS-UP P & I RECEIVED	
TESS	Shump Pass Marine	07-24-82						50.00																			

K 50.00

COPY CODE	COMPANY NAME	ISS DATE	EXPIRES DATE	RFP PERIOD BEGINS	RFP PERIOD ENDS	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RFP PAYMENT & COLL FEE PAYMENT AMOUNT	RFP PAYMENT AMOUNT	COLL ASSESS FEE	RFP NO OFFERING AMOUNT	POST BOND DATE	RESPOND BEGINS	RESPOND ENDS	PERNLTY ONE FOUR DAYS PER DAY	PERNLTY FIVE PERNLTY FEE	INTEREST ONE PERNLTY FEE	INTEREST FIVE PERNLTY FEE	DATE DELINQ LETTER ISSUED	DATE P & I LETTER ISSUED	DAYS OF EXT	EXTENDED AMOUNT \$ PERNLTY ON FIVE D	EXT AMOUNT PAID "TR"	DATE TRS-UP ISSUED	TRIS-UP AMOUNT RECEIVED "TR"	TRIS-UP P & I RECEIVED	
TESS	Shump Pass Marine	07-24-82						50.00																			

K 50.00
P 13.00
53.00

COPY CODE	COMPANY NAME	ISS DATE	EXPIRES DATE	RFP PERIOD BEGINS	RFP PERIOD ENDS	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RFP PAYMENT & COLL FEE PAYMENT AMOUNT	RFP PAYMENT AMOUNT	COLL ASSESS FEE	RFP NO OFFERING AMOUNT	POST BOND DATE	RESPOND BEGINS	RESPOND ENDS	PERNLTY ONE FOUR DAYS PER DAY	PERNLTY FIVE PERNLTY FEE	INTEREST ONE PERNLTY FEE	INTEREST FIVE PERNLTY FEE	DATE DELINQ LETTER ISSUED	DATE P & I LETTER ISSUED	DAYS OF EXT	EXTENDED AMOUNT \$ PERNLTY ON FIVE D	EXT AMOUNT PAID "TR"	DATE TRS-UP ISSUED	TRIS-UP AMOUNT RECEIVED "TR"	TRIS-UP P & I RECEIVED	
TESS	Shump Pass Marine	07-24-82						50.00																			

K 50.00
P 12.00
62.00

COPY CODE	COMPANY NAME	ISS DATE	EXPIRES DATE	RFP PERIOD BEGINS	RFP PERIOD ENDS	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RFP PAYMENT & COLL FEE PAYMENT AMOUNT	RFP PAYMENT AMOUNT	COLL ASSESS FEE	RFP NO OFFERING AMOUNT	POST BOND DATE	RESPOND BEGINS	RESPOND ENDS	PERNLTY ONE FOUR DAYS PER DAY	PERNLTY FIVE PERNLTY FEE	INTEREST ONE PERNLTY FEE	INTEREST FIVE PERNLTY FEE	DATE DELINQ LETTER ISSUED	DATE P & I LETTER ISSUED	DAYS OF EXT	EXTENDED AMOUNT \$ PERNLTY ON FIVE D	EXT AMOUNT PAID "TR"	DATE TRS-UP ISSUED	TRIS-UP AMOUNT RECEIVED "TR"	TRIS-UP P & I RECEIVED	
TESS	Shump Pass Marine	07-24-82		12-31-82			50.00	50.00	50.00	50.00					50.00	54.15	57.50	51.00	51.50			2.32					
TESS	Shump Pass Marine	07-24-82		6-30-84			50.00								50.00	54.15	57.50	51.00	51.50								

OK

COPY CODE	COMPANY NAME	ISS DATE	EXPIRES DATE	RFP PERIOD BEGINS	RFP PERIOD ENDS	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RFP PAYMENT & COLL FEE PAYMENT AMOUNT	RFP PAYMENT AMOUNT	COLL ASSESS FEE	RFP NO OFFERING AMOUNT	POST BOND DATE	RESPOND BEGINS	RESPOND ENDS	PERNLTY ONE FOUR DAYS PER DAY	PERNLTY FIVE PERNLTY FEE	INTEREST ONE PERNLTY FEE	INTEREST FIVE PERNLTY FEE	DATE DELINQ LETTER ISSUED	DATE P & I LETTER ISSUED	DAYS OF EXT	EXTENDED AMOUNT \$ PERNLTY ON FIVE D	EXT AMOUNT PAID "TR"	DATE TRS-UP ISSUED	TRIS-UP AMOUNT RECEIVED "TR"	TRIS-UP P & I RECEIVED	
TESS	Shump Pass Marine	07-24-82		12-31-84			50.00	50.00	50.00	50.00					50.00	54.17	57.50	51.00	51.50			5.25					
TESS	Shump Pass Marine	07-24-82		6-30-84			50.00								50.00	54.14	57.50	51.00	51.50								

3.00

Total 135.00

COPY	REPRODUCTION	DATE	TIME	BY	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO

1:250
3-1280
3.00

COPY	REPRODUCTION	DATE	TIME	BY	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	

OK

COPY	REPRODUCTION	DATE	TIME	BY	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	

OK

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- This Return Receipt will show to whom the article was delivered and the date delivered.

I also want to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TE 635

4a. Article Number

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery
12-13-97 BP

5. Received By: (Print Name)
Const. McGinnis

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X Const. McGinnis

Thank you for using Return Receipt Service.