

981209-TC

ORIGINAL.

From: Kay Flynn  
To: Paula Isler  
Subject:  
fwd: Kathy L. Stephens - Cert  
3458

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---NOTE-----10/09/98-10:10am-  
CC: Linda Williams  
.....

Paula, we just received a request from this PATS holder to cancel her cert; she sent the request with her RAP payment and penalty payment. What do we do? Do you want to change the title of 981209 to "request for cancellation" rather than "PSC cancellation"? Kay

Fwd-by: -Paula-Isler---10/09/98-10:13am-  
Fwd to: Kay Flynn

.....  
Yes, please, change the title. Can you send me a copy of what she sent in?  
Thanks!

Fwd-by: -Kay-Flynn-----  
Fwd to: Paula Isler  
CC: Linda Williams

.....  
Yes. We'll put it in the interoffice mail to you today.  
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- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC   1
- WAS \_\_\_\_\_
- OTH   Cg/Alonnye

DOCUMENT NUMBER-DATE

~~981209~~ 981209 OCT-98

CPD REPORT REPORTING

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/1998

# Pay Telephone Service Provider Regulatory Assessment Fee Return

RECEIVED  
Florida Public Service Commission  
(See filing instructions on back of form)

FOR PFC USE ONLY	
Check#	3947
\$	50.00
\$	12.50
\$	4.50
Postmark Date	10-5-98
Initials of Preparer	VM

STATUS:  
 Actual Return  
 Estimated Return

TE933 P173 997 592  
 Kathy L. Stephens OCT -6 AM 7:58  
 P. O. Box 632  
 Havana, FL 32333 MAIL ROOM  
 DEPOSIT DATE  
 D0174 OCT 07 1998

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 <u>981290-TC</u>	\$ <u>137.50</u>
2.	Gross Intrastate Revenue	<u>-0-</u>
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	<u>(-0-)</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>137.50</u>
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	<u>50.00</u>
6.	Penalty for Late Payment	<u>12.50</u>
7.	Interest for Late Payment	<u>4.50</u>
8.	TOTAL AMOUNT DUE	\$ <u>67.00</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 0  
~~\_\_\_\_\_~~ *Cancelled my Certificate. Kathy Stephens*

**KATHY STEPHENS**  
 SSN 267-86-2813 - LIC. 8318-012-00-007  
 P. O. BOX 632, HWY. 12 W. 32333  
 HAVANA, FL 32333

3947  
 10/5/98

Florida Public Service Commission  
 \$ 67.00  
 Dollars

North Florida Education Credit Union  
 449 N. Monroe St. Tallahassee, FL 32304

Memo TE 933 P173997592 Kathy Stephens

(to be deducted from intrastate revenues)

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

10/5/98  
 (Date)

7-3244 X181  
 86-2813