Pay Telephone Service Provider Regulatory Assessment Fee Return Pay Telephone Service Provider Regulatory Assessment Fee Return

| STATU | S: | Florida Public Service Commission (See Filing Instructions on Back of Form) | FOR PSC USE ONLY Check# | | |
|--|---|---|---|--|--|
| PERIO | Actual Return Estimated Return COVERED: 1998 TO 12/31/1998 | TG028 Tammy Suzette Morris 1299 Deltona Blvd. 10490 Chalmelling TRATION Spring Hill SIT 34606 4408 ATE APT. #1 34608 D071 JAN 28 1999 | \$ 50.00 0603002 003001 \$ P 0603002 004011 \$ I Postmark Date /-35-99 Initials of Preparer \(\mathcal{VM} \) | | |
| Sirk | Name of Company) | Please Complete Below If Official Mailing Address Has Changed Cotions 10490 Chalmer St., Apt.#1 Sociona Hill (Address) F1. 34608 | Social Hill F1. 34608 (City State) (Zip) | | |
| LINE NO. | | ACCOUNT CLASSIFICATION | ************************************** | | |
| 1. | Gross Operating Rev | venue | \$ | | |
| 2. | Gross Intrastate Reve | enue | | | |
| 3. | LESS: Amounts Pai (Attach Listing)* | id for Services to Local Telephone Companies | <u> </u> | | |
| 1 CK — | TOTAL REVENUE (Line 2 less Line 3) | CS for Regulatory Assessment Fee Calculation | \$ | | |
| 5 . — | Regulatory Assessme | ent Fee Due — (Multiply Line 4 by 0.0015) | | | |
| 6. | Penalty for Late Pay | rment | | | |
| 7. | Interest for Late Pay | | 20 K 1 C | | |
| 8. | TOTAL AMOUNT | | s 50.00 | | |
| .E | | • | T | | |
| <u>.</u> 1" | AS PROVI | DED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL F | EE IS \$50 | | |
| 0(| THIS FORM MUST B | E COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REV | ENUES REPORTED | | |
| ROM 8 9 0 | Number of pay telep | phones in operation at close of period covered | | | |
| WAS OTH _ | by this Return | Cancelled pay phones as of 1-199 Cancelled 3-23-98 to a telecommunications company providing local service for use of the local network shall be de | 18 + Certificat | | |
| | · | | educted from intrastate revenue for purposes of RAR | | |
| determining | the amount of the regulatory fee ass | essed the pay telephone company. | RICK Moses | | |
| I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the 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. | | | | | |
| 2 | mmy Duno | to Morris Owner | 1-24-99 | | |
| Signature of Company Official) (Title) (Date) Tammy Suzette Morcis, Telephone Number (352) 683-8288pax Number (352) 683- | | | | | |
| | (Please Print Nam | | | | |
| | | 0117-99 | | | |
| PSC/CMU-2 | 26 (Rev.4/98) | 1-27-99 | | | |

| IU AYUW. | Pay Telep | hone Service Provider Regulatory Assessment Fe | | | |
|--|---|--|--|--|--|
| STATU | S: | Florida Public Service Commission (See Filing Instructions on Back of Form) - (FED) | FOR PSC USE ONLY Check# | | |
| | Actual Return Estimated Return | TG028 JAN 27 8 40 AM '99 Tammy Suzette Morris 1299 Deltona Blvd. 10490 Chalmen Allen Block | \$ 50.00 0603002 003001 \$ P 0603002 | | |
| PERIOD COVERED: 01/01/1998 TO 12/31/1998 | | Spring Hill, FL 34606-4408 Apr. 47 DEPOSIT 34608 DATE D 0 7 1 - JAN 2 8 1999 | \$ | | |
| <u> </u> | 4 | Please Complete Below If Official Mailing Address Has Changed | | | |
| Sirk | (Name of Company) | cations 10490 Chalmer St. Apt.#1 . Spring Hill (Address) F1. 34608 | Spring Hill, F1. 34608 (City State) (Zip) | | |
| LINE NO. | | ACCOUNT CLASSIFICATION | AMOUNT | | |
| 1. | Gross Operating Rev | renue | \$ +>- | | |
| 2. | Gross Intrastate Rev | | | | |
| 3. | LESS: Amounts Pa (Attach Listing)* | (| | | |
| 4. | TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3) | | | | |
| 5. | Regulatory Assessme | ent Fee Due — (Multiply Line 4 by 0.0015) | | | |
| 6. | Penalty for Late Pay | _ | | | |
| 7. | Interest for Late Pay | ment | <u> </u> | | |
| 8. | TOTAL AMOUNT | DUE | \$ 50.00 | | |
| | AS PROVI | DED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL E | TEE IS \$50 | | |
| | THIS FORM MUST E | E COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REV | VENUES REPORTED | | |
| 9. | Number of pay telep | hones in operation at close of period covered | _ | | |
| | * | Cancelled pay phones as of 1-199 | 78 + Certificate | | |
| GLENN 352-683- 1299-DE | Y S. MORRIS 05-97 N J. MORRIS 8288 10490 Chalmar S LTONA BLVD: Apt # 1 HILL, FL 84888-38608 | 1065 1065 1065 1069 109 | educted from intrastate revenue for purposes of RAR RICK Mase Manage Grant | | |
| Pay to the Order of Alorida Public Sover. Comm. \$ 50.00/kg. | | | | | |
| OH | fty & 00/100 | Dollars Dollars | (Date) | | |
| Florida | lank, N.A. (Soula) | NationsBank Advantage | Fax Number (—) | | |
| For 1-1- | 98 +012-31-98 | _ Samuel . Morrison | -W 6170 | | |

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