

990120-TC

Dear Sirs:

As of April 14 1998 Page Apts. was  
sold. I no longer own the  
Telephone Business, as this shall  
be my last report. Please  
cancel my license.

Thank you

Steve Hill

RICK MESS  
RAR ✓

DOCUMENT NUMBER-DATE

01378 FEB-38

FPSC-RECORDS/REPORTING

# Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

\_\_\_\_\_ Actual Return  
 \_\_\_\_\_ Estimated Return

TE603  
 Page Apartments  
 P. O. Box 9245  
 Panama City Beach, FL 32417-0245

99 FEB -1

DEPOSIT DATE  
**DO-80 FEB 03 1999**

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY  
 Check# 486

\$ 50.00 0603002  
 003001  
 \$ \_\_\_\_\_ P  
 0603002  
 004011  
 \$ \_\_\_\_\_ I

Postmark Date 1-30-99  
 Initials of Preparer MB

PERIOD COVERED:  
 01/01/1998 TO  
 12/31/1998

\_\_\_\_\_  
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ <u>62.00</u>
2.	Gross Intrastate Revenue	<u>176.55</u>
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	( <u>308.44</u> )
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>(131.89)</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>50.00</u>
6.	Penalty for Late Payment	_____
7.	Interest for Late Payment	_____
8.	TOTAL AMOUNT DUE	\$ <u>50.00</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 2  
 Rick Moses  
 RAR

\*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 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.

Glen Rice (Signature of Company Official) Owner (Title) 1-29-99 (Date)  
Glen Rice (Please Print Name) Telephone Number (850) 789-2194 Fax Number \_\_\_\_\_  
 F.E.I. No. 59-1820867

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GLENN M RICE  
 MARY O RICE  
 201 SHERMAN AVE  
 PANAMA CITY, FL 32401-4886

**CMA** Cash Management Account 486

2  
 Rick Moses  
 RAR

PAY TO THE ORDER OF

Fla Public Serv. Comm

DATE 1-29-99 25-80/440

\$ 50.00

Fifty & no/100

DOLLARS

Merrill Lynch

BANK ONE

*Glenn Rice*

is insurance revenue for

and belief the above stated in writing with

1-29-99  
 (Date)