

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date March 5, 1999

Docket No. 990248-TC

- 1. Division Name/Staff Name Communications/Isler
- 2. OPR Communications/Isler
- 3. OCR Legal Services
- 4. Suggested Docket Title Request for Cancellation of PATS Certificate No. 3889 by Bryant E. Kirk.
Effective 12/21/98

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)

<u>Bryant E. Kirk</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:
- Documentation is attached.
 - Documentation will be provided with recommendation.

I:\PSC\BAR\MP\ESTDKT.
PSC/BAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE
02911 MAR-5 99
FPSC-RECORDS/REPORTING

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

_____ Actual Return
 _____ Estimated Return

TG364	98 DEC 21 AM 9 16
Bryant E. Kirk	MAIL ROOM
2222 CeeGee	
San Antonio, TX 78217	

FOR PSC USE ONLY	
Check#	_____
\$	0603002
	003001
\$	P
	0603002
	004011
\$	1
Postmark Date	_____
Initials of Preparer	_____

PERIOD COVERED:
 08/04/1998 TO
 12/31/1998

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	0
6.	Penalty for Late Payment	0
7.	Interest for Late Payment	0
8.	TOTAL AMOUNT DUE	\$ 0

Cancel Provider Service Not Used

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

RECEIVED

MAR 04 1999

CMU

*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.

Bryant E. Kirk
 (Signature of Company Official)
BRYANT E. KIRK
 (Please Print Name)

President
 (Title)
12/12/98
 (Date)
 Telephone Number (210) 828-2255 FAX Number (210) 828-2001
 F.E.I. No. _____