

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date March 5, 1999

Docket No. 990271-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. 4659 by James L. Skeens d/b/a Blackfoot Enterprises, Effective 12/31/98

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)

James L. Skeens _____

2. Interested Persons and their representatives (if any)

6. Check one:

- Documentation is attached.
- Documentation will be provided with recommendation.

I:\PSC\RAR\MP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

02914 MAR-5 99

FPSC-RECORDS/REPORTING

DEC. 26, 1998

TO: PUBLIC SERVICE COMMISSION STATE OF FLORIDA
FROM: BLACKFOOT ENTERPRISES

RE: PAY PHONE PROVIDER

PLEASE BE ADVISED WE ARE NO LONGER ENGAGED IN PROVIDING
PAY PHONE SERVICE IN THE STATE OF FLORIDA. WE CEASED ACTIVITY
IN THIS BUSINESS AROUND APRIL OF 1997. ENCLOSED PLEASE FIND
OUR LAST ASSESSMENT RETURN.

THANKING YOU IN ADVANCE

JIM SKEENS



RECEIVED

MAR 04 1999

CMU

1997 REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/1997
Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

Actual Return
 Estimated Return

PERIOD COVERED:

01/01/1996 TO
 12/31/1996

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TF718 Blackfoot Enterprises (James L. Skeens, d/b/a) 14731 64th Way North Palm Beach Gardens, FL 33418-1965
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DEC 31 9 03 AM '99
 ADMINISTRATIVE MAIL ROOM

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

Please Complete Below If Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ 920-
2.	Gross Intrastate Revenue	75-
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	(1750)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ -155
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment	_____
7.	Interest for Late Payment	_____
8.	TOTAL AMOUNT DUE	\$ 0

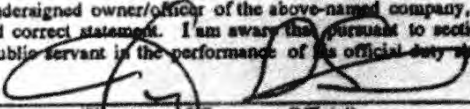
AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

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 4

*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 revenues 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 be 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.



 (Signature of Company Official)
JIM SKEENS

 (Please Print Name)

OWNER

 (Title)
 Telephone Number 561 627-5235

 F.B.I. No. _____

 (Date) **April 16, 97**