

**REQUEST TO ESTABLISH DOCKET**  
(PLEASE TYPE)

Date March 5, 1999

Docket No. 990273-TC

1. Division Name/Staff Name Communications/Isler
2. OPR Communications/Isler
3. OCR Legal Services
4. Suggested Docket Title Request for Cancellation of PARS Certificate No. 5099 by Electronic Vending, Inc., Effective 01/27/99

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>Victoria L. Smith</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

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

I:\PSC\RAR\WP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

**02963** MAR-88

FPSC-RECORDS/REPORTING


# **ELECTRONIC VENDING, INC.**

1410 ENKA WAY  
ORLANDO, FL 32818

January 24, 1999

To Whom It May Concern:

As of December 31, 1998 Electronic Vending, Inc. was dissolved.

  
Victoria L. Smith  
President

**RECEIVED**

**MAR 04 1999**

**CMU**

# Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

STATUS:

Actual Return  
 Estimated Return

TF997  
 Electronic Vending, Inc.  
 1410 North Enka Way  
 Orlando, FL 32818-5906

JAN 27 8 46 AM '99  
 ADMINISTRATIVE  
 MAIL ROOM

FOR PSC USE ONLY

Check# \_\_\_\_\_

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

Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

PERIOD COVERED:  
01/01/1998 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	\$ <u>621.63</u>
2.	Gross Intrastate Revenue	<u>- 0 -</u>
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	<u>(606.51)</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>14.88</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>- 0 -</u>
6.	Penalty for Late Payment	<u>- 0 -</u>
7.	Interest for Late Payment	<u>- 0 -</u>
8.	TOTAL AMOUNT DUE	\$ <u>- 0 -</u>

FIBER OPTIC SERVICE DIVISION

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 -

\*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.

Victoria L. Smith (Signature of Company Official)      President (Title)      1/23/99 (Date)  
VICTORIA L. Smith (Please Print Name)      Telephone Number 407 521-4444 Fax Number - 0 -  
 F.E.I. No. 59-2139133