

001150-TC

NO LATE PENALTY AND INTEREST CHARGES THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01 31 2000

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

*P. Isler
ROR*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TG555
 Anthony Narducci
 76 South Laura Street
 Jacksonville, FL 32202-3433

DATE

D378 OCT 23 2000

PERIOD COVERED:

07/06/99 TO 12/31/99

FOR PSC USE ONLY

Check# 7769

\$ 50.00 0603002
 \$ 12.50 003001
 \$ 4.50 P 0603002
 004011

Postmark Date 10/19/00
 Initials of Preparer mc

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 (Florida)	\$ 1,319.10
2.	Gross Intrastate Revenue	325.00
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	1,644.10
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	2.47
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	7.50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	1.50
8.	TOTAL AMOUNT DUE	\$ 11.47

\$167.00

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

7

ANTHONY NARDUCCI OR
 FRANCES NARDUCCI
 PH. 904-292-9654
 1751 GRASMERE CT.
 JACKSONVILLE, FL 32223

7169

Date 10-16-00

63-4/630 FL 1546

Pay to the Order of

Public Service Commission 67 NO

Dollars Security features are included. Details on back.

best of my knowledge and belief the above is true and I am not knowingly making a false statement in writing with second degree.

10-19-00 (Date)

119.07(1)(z), Florida Statutes: Bank account numbers or debit, charge, or credit card numbers given to an agency for the purpose of payment of any fee or debt owing are confidential and exempt from subsection (1) and s.24(a), Art. 1 of the State Constitution

DOCUMENT NUMBER 13448

DATE 10-19-00
Fax Number 2651
904-376-2651

FPSC-RECORDS/REPORTING

Anthony Narducci

76. South Laura Street
Jacksonville, Florida 32202

RJR

October 19, 2000

Ms. Blanca Bayo'
Director, Division of Records and Reporting
Florida Public Service Commissions
2540 Shumard Oak Blvd.,
Tallahassee, Florida 32399-0850

Dear Sir or Madam:

Attached is a copy of the regulatory assessment fee form mailed on 3/31/00. Unfortunately, the check never cleared and I never received the envelope back. Since my wife does the checkbook, I did not know it did not clear. Inasmuch, I am paying the assessment fee of \$67.00 based on the attached letter, and I would like to offer a settlement of \$50. I based this on the fact that I did indeed send the penalty in on 3/31/00, and my revenues are very minimal. I hope this meets with your approval.

The docket number is 001150-TC

A check for the past due amount of \$67 in included

All future payments will be sent in an overnight package as soon as the form is received

Sincerely,



Anthony Narducci

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TG555
 Anthony Narducci
 76 South Laura Street
 Jacksonville, FL 32202-3433

PERIOD COVERED:

07/06/1999 TO
 12/31/1999

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

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 (Florida)	\$ 1,319.10
2.	Gross Intrastate Revenue	325.00
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	()
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 994.10
	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	\$ 1.49
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	7.50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	1.50
8.	TOTAL AMOUNT DUE	\$ 10.49

wrong

*+ 8.00 =
+ 859.00*

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 7

* These amounts must be intrastate only and must be verifiable.

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.

(Signature of Company Official)

ANTHONY NARDUCCI
 (Preparer of Form - Please Print Name)

President
 (Title)

3-31-00
 (Date)

Telephone Number (904) 376-2651 Fax Number ()

F.E.I. No. _____