

# Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isker  
RJR*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG302  
 Arrow Communications, Inc  
 P. O. Box 1727  
 Indiantown, FL 34956-1727

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

PERIOD COVERED:

01/01/2000 TO  
12/31/2000

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)	\$
2.	Gross Intrastate Revenue	\$
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	
8.	<b>TOTAL AMOUNT DUE</b>	\$

- APP
- CAF
- CMP
- COM
- CTR
- ECR
- LEG
- OPC
- PAI
- RG0
- SEC
- SER
- OTH

*PLEASE NOTE WE DO NOT OPERATE ANY  
PAY TELEPHONE SERVICE*

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**

Number of pay telephones in operation at close of period covered  
by this Return

**PENDING**

\* 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)

COMPTROLLER  
(Title)

MARCH 2/01  
(Date)

(Preparer of Form - Please Print Name)

Telephone Number (561) 597-6065 Fax Number (561) 597-7002

F.E.I. No.

112540704

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