

**ORIGINAL**

**Pay Telephone Service Provider Regulatory Assessment Fee Return**

STATUS: *Rxh*  
 Actual Return  
 Estimated Return  
 Amended Return

Florida Public Service Commission  
(See filing instructions on Back of Form)

TD618  
 Protel, Inc. *MAIL ROOM*  
 4150 Kidron Road  
 Lakeland, FL 33811-1282  
**DEPOSIT** **DATE**  
**D0624** **MAY 01 2001**

**FOR PSC USE ONLY**  
 Check# *0036081256*  
 \$ 50.00 060300:  
 \$ 7.50 00300:  
 P  
 060300:  
 \$ 1.50 00401:  
 Postmark Date *4/27/01*  
 Initials of Preparer *MC*

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)	\$ <u>ϕ</u>
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)	\$ <u>ϕ</u>
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	<u>50<sup>00</sup></u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>7<sup>50</sup></u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>1<sup>50</sup></u>
8.	<b>TOTAL AMOUNT DUE</b>	\$ <u>59<sup>00</sup></u>

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

APP  THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED  
 CAF \_\_\_\_\_  
 CMP \_\_\_\_\_

COM \_\_\_\_\_  
 STR \_\_\_\_\_ Number of pay telephones in operation at close of period covered ϕ  
 ECR \_\_\_\_\_ by this Return

*Docket # 010412-TC*

DPC \_\_\_\_\_  
 PAI \_\_\_\_\_  
These amounts must be intrastate only and must be verifiable.

REC \_\_\_\_\_  
 SEC \_\_\_\_\_  
 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) (Title) (Date)  
 (Preparer of Form - Please Print Name) Telephone Number ( DOCUMENT NUMBER-DATE ) Fax Number ( \_\_\_\_\_ )  
 F.B.I. No. 95382 MAY-10