

STATE OF FLORIDA

Commissioners:
E. LEON JACOBS, JR., CHAIRMAN
J. TERRY DEASON
LILA A. JABER
BRAULIO L. BAEZ
MICHAEL A. PALECKI



DIVISION OF COMPETITIVE SERVICES
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

May 11, 2001

Via Facsimile

Mr. Gordon T. Gattone, President
Parallel Foundation, Inc.
251 Creekside Drive
St. Augustine, FL 32086-5903

Re: Docket No. 010544-TC

Dear Mr. Gattone:

This is a follow up to our telephone conversation yesterday afternoon. It is my understanding that you want Parallel's pay telephone certificate cancelled. You also told me that you believed you had previously notified the Commission in writing that you wanted to cancel the certificate. Unfortunately, the Commission has no record of a prior request.

There are two kinds of cancellations. The first is voluntary, which is normally granted if the company is in good standing with the Commission and does not have a past due balance of the regulatory assessment fee (RAF), including statutory penalty and interest charges. The other is involuntary. If a company is not in good standing and has an outstanding balance of the RAF, the Commission normally cancels the certificate on its own motion for a rule violation.

The regulatory assessment fee is assessed if a certificate is active for any one day during a calendar year. The RAF is due by January 30 of each year, unless the 30th falls on a weekend, then the fee is due by the next working day, for the previous year. If payment for the RAF is mailed after the due date, then statutory penalty and interest charges are applicable.

According to Commission records, the 2000 RAF has not been paid. Since you indicated the company has not had any revenues, the minimum RAF, plus penalty and interest charges are owed. A breakdown of the charges is attached. Depending upon when your check is postmarked, penalty and interest charges will continue to accrue. The 2000 and 2001 RAF return forms are attached.

The effective date of a voluntary cancellation is the date that the Commission received the company's request for cancellation. In this case, the Commission will not receive your written request until 2001, therefore, the company will owe the 2001 RAF, even if the company is no longer in business. Rule 25-24.514, Florida Administrative Code, provides that a company requesting

DOCUMENT NUMBER DATE

05932 MAY 11 01

FPSC-RECORDS/REPORTING

Mr. Gordon T. Gattone, President
Page 2
May 11, 2001

voluntary cancellation must either pay the 2001 RAF or provide a date certain that it will be paid, such as within 30 days after the Commission Order is issued granting the voluntary cancellation. It should be noted that any unpaid RAF, including penalty and interest charges, will be turned over to the Comptroller's Office for further collection efforts.

Therefore, in order to resolve this docket, please write a letter to the Commission, reference Docket No. 010544-TC, request cancellation of Certificate No. 5974, pay the past due balance, and either pay the 2001 RAF or provide a date certain it will be paid. Please respond in writing by May 29, 2001. In the meantime, if you have any questions or wish to discuss this, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, by internet e-mail at pisler@psc.state.fl.us, or at the above address.

Sincerely,



Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures

cc: Docket No. 010544-TC
Division of Legal Services (K. Peña)

Parallel Foundation, Inc. (TG444)
Certificate No. 5974, Effective 12/22/98

Year	Fee	Penalty	Interest	Notes
2000	\$50.00	\$10.00	\$2.00	Payment was due 01/30/01. The amount shown to the left is the minimum amount due IF payment is postmarked by 05/30/01.
2001	\$50.00	N/A	N/A	If the company wishes to cancel its pay telephone certificate, the 2001 RAF either needs to be paid with the past due amount or provide a date certain it will be paid.
Total	\$100.00	\$10.00	\$2.00	Total if the certificate is to be cancelled and if paid by 05/30/01: \$112.00.

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

TG444
 Parallel Foundation, Inc.
 251 Creekside Drive
 St. Augustine, FL 32086-5903

PERIOD COVERED:
 01/01/2000 TO 12/31/2000

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)	\$ _____
2.	Gross Intrastate Revenue	_____
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)	\$ _____
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.	TOTAL AMOUNT DUE	\$ _____

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 _____

* 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) (Title) (Date)

 (Preparer of Form - Please Print Name) Telephone Number () Fax Number ()

F.E.I. No. _____

FLORIDA PUBLIC SERVICE COMMISSION
Instructions For Filing Regulatory Assessment Fee Return
(Pay Telephone Service Provider)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before July 30 for the six-month period January 1 through June 30, *AND*
On or before January 30 for the six-month period July 1 through December 31.

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the prior twelve-month period January 1 through December 31.

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount on Line 3.

On Line 3, deduct any amount paid to another telecommunications company for the use of any telecommunications network (including installation charges) to provide service to its customers. ***Do not deduct any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.***

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 6). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 7). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. **EXTENSION:** A request for an extension of time up to 30 days may be made by filing the enclosed *Request for Extension to File Regulatory Assessment Fee Return* form (PSC/ADM-124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due:

0.75% of the fee to be remitted for an extension of 15 days or less, *or*
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your records, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. **Make your check payable to the Florida Public Service Commission.** If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850 ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional information or assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Competitive Services at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

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25-24.514 Cancellation of a Certificate.

- (1) The Commission may cancel a company's certificate for any of the following reasons:
 - (a) Violation of the terms and conditions under which the authority was originally granted;
 - (b) Violation of Commission rules or orders;
 - (c) Violation of Florida Statutes; or,
 - (d) Failure to provide service for a period of six (6) months.

- (2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request.
 - (a) Statement of intent and date to pay Regulatory Assessment Fee.
 - (b) Statement of why the certificate is proposed to be cancelled.

- (3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS.

Law Implemented 350.113, 350.127(1), 364.03, 364.285, 364.337, 364.345 FS.

History--New 1-5-87.

TRANSMISSION VERIFICATION REPORT

TIME : 05/11/2001 11:13
NAME :
FAX :
TEL :

DATE, TIME	05/11 11:08
FAX NO./NAME	619047972554
DURATION	00:04:22
PAGE(S)	08
RESULT	OK
MODE	STANDARD ECM