

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:

*P. Isler
RDR*

- Actual Return
- Estimated Return
- Amended Return

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

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

TG613 01 MAY 21 AM 9 48 010587-70
 Patricia Thomas
 3307 Abbeyfield Drive, East
 Jacksonville, FL 32277-0974
 DEPOSIT DATE
 D072 MAY 22 2001

FOR PSC USE ONLY
 Check# 3116
 \$ 50.00 0603002
 \$ 10.00 003001
 \$ 2.00 0603002
 004011
 Postmark Date 5/19/01
 Initials of Preparer me

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)	\$ 0
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	\$ 0

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.

Patricia Thomas
(Signature of Company Official)

Owner (Title) *5-18-01* (Date)

Patricia Thomas
(Preparer of Form - Please Print Name)

Telephone Number *(904) 744-9524* Fax Number ()

F.E.I. No. *221-36-2901*

06442 MAY 22 2001

FPSC-RECORDS/REPORTING

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

*P. 2/10/01
R&R*

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
01/01/2001 TO 12/31/2001

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG613
Patricia Thomas
3307 Abbeyfield Drive, East
Jacksonville, FL 32277-0974
DEPOSIT DATE
MAY 28 2001

FOR PSC USE ONLY	
Check# <u>3116</u>	
\$ <u>50.00</u>	0603002
	003001
	P
	0603002
	004011
Postmark Date <u>5/19/01</u>	
Initials of Preparer <u>MC</u>	

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>0</u>
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	\$ <u>0</u>

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

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Patricia Thomas
(Signature of Company Official)
Patricia Thomas
(Preparer of Form - Please Print Name)

Owner (Title) 5-18-01 (Date)
Telephone Number (904) 244-9524 Fax Number ()
F.E.I. No. 221-36-2901

PATRICIA THOMAS
3307 ABBEYFIELD DRIVE
JACKSONVILLE, FLORIDA 32277-6542
PHONE (904) 744-9524 FAX (904) 7434390

RR
May 18, 2001

Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: Docket No. 010587-TC

Dear Paula,

Thank you for mailing the forms I need for voluntary cancellation. Please consider this my cancellation notice. The business was closed in December of 1999. I have enclosed the \$112 you said I owe the Commission. I do feel it is unfair after losing over \$20,000 in this business I should have to pay for years the business was closed. How ever life is not always fair. Thank you again for your help.

Sincerely,

Patricia Thomas

Patricia Thomas

MAIL ROOM
01 MAY 21 AM 9:48

COMMUNICATIONS SECTION
MAY 21 2001

*Ms. Thomas -
I was unsuccessful
in faxing this (Tried twice).
Paula*

May 16, 2001

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

2540 SHUMARD OAK BOULEVARD

TO:

Ms. Patricia Thomas

VOICE:

FAX: (904) 743-4390

FROM:

Paula Isler

Voice: (850) 413-6502

RE:

Docket No. Docket No. 010587-TC

Dear Ms. Thomas:

Attached are the 2000 and 2001 RAF returns. Since you stated you have not had any revenues for a couple of years, you will owe only the minimum for both years. If your payment is postmarked by May 30, 2001, the total is \$62.00 for 2000 (\$50.00 RAF, \$10.00 Penalty, and \$2.00 Interest) and \$50.00 for 2001, for a grand total of \$112.00.

If payment is postmarked between May 31 and June 29, 2001, the penalty increases to \$12.50 and the interest increases to \$2.50, for a total of \$65.00 for the 2000 return. Please complete the returns and send them to the Commission, along with payment and a letter requesting voluntary cancellation. Please write the docket number on your check and letter.

Let me know if you have any questions. Thanks, Paula.