

010907-TC

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

DIVISION OF  
ADMINISTRATION  
Florida Public Service Commission  
Filing Instructions and Guide to Form

STATUS:

*P. Isler  
ROR*

- Actual Return
- Estimated Return
- Amended Return

TG771  
John Lyde  
1380 S.W. Main Street  
Port St. Lucie, FL 34953-5338  
DEPOSIT  
D083 JUN 26 2001

FOR PSC USE ONLY  
Check# 1058  
\$ 50.00 0603002  
003001  
\$ \_\_\_\_\_ P  
0603002  
004011  
\$ \_\_\_\_\_ I  
Postmark Date 6/25/01 No  
Initials of Preparer MC postmark

PERIOD COVERED:  
01/26/2001 TO 12/31/2001

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>786.25</u>
2.	Gross Intrastate Revenue	<u>90.75</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( )
4.	<b>TOTAL REVENUES</b> for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>695.50</u>
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>	\$ _____

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

\* 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.

APP \_\_\_\_\_  
CAF \_\_\_\_\_  
CMP \_\_\_\_\_  
COM \_\_\_\_\_  
CTR \_\_\_\_\_  
ECR \_\_\_\_\_  
LEG \_\_\_\_\_  
OPC \_\_\_\_\_  
PAI \_\_\_\_\_  
RGO \_\_\_\_\_  
SEC (CMU)-26 (Rev. 11/11/99)  
SER \_\_\_\_\_  
OTH \_\_\_\_\_

*John Lyde*  
(Signature of Company Official)

owner (Title) 6/19/01 (Date)  
Telephone Number (561) 7859393 Fax Number ( )  
F.B.I. No. \_\_\_\_\_

DOCUMENT NUMBER-DATE  
**07891 JUN 26 01**  
FPSC-RECORDS REPORTING