10 AVOID		phone Service Pro	vider Regulatory Assessment l	ee Return	IGINAL	
	$PocKet 0/0993-TC$ Lk^{60} Florida Public Service Commission				FOR PSC USE ONLY	
STATU	_ Actual Return _ Estimated Return _ Amended Return	TG700-01-0-R Quick Trip Food Ma 576 South Edgewoo Jacksonville, FL 32	estructions on Back of Form) Part od Avenue	S	0603002 003001 P 0603002 004011	
PERIOD COVERED: 01/01/2001 TO 12/31/2001		DEPOSIT DATE		Postmark Date 9/26/0/ Initials of Preparer 970		
		D123	SEP 2 8 2001 If Official Mailing Address Has Changed	initials of Prepa	rer	
	(Name of Company)		(Address)	(City/State)	(Zip)	
LINE						
LINE <u>NO.</u>	ACCOUNT CLASSIFICATION			AMOUNT		
1.	Gross Operating Revenue (Florida)			\$	<i>D</i>	
2.	Gross Intrastate Revenue			. · · ·	0	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)				<u> </u>	
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)				<i>D</i>	
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)				0	
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)					
4 7 p	Interest for Late Payment (see "3. Failure to File by Due Date" on back)				.,	
OMP —					\$ 50.00	
COM CTR ECR EG PC PAI			ORIDA STATUTES, THE MINIMUM ANN	1 3 h.		
RGO EC ER TH	Number of pay teleph by this Return counts must be intrastate only and must	•	close of period covered		δ	
true and co	indersigned owner officer of the al rrect statement 1 am aware that p ant in the performance of his office	ursuant to Section 837.06, Florid	the foregoing and declare that to the best of my known da Statutes, whoever knowingly makes a false statem lemeanor of the second degree.	wledge and belief the	above information is a e intent to mislead a	
X	(Signature of Compan	y Official)	PRESIDENT III	· · · · · · · · · · · · · · · · · · ·	9/24/61	
(I	Preparer of Form - Please	•	Telephone Number (904) 389.9743 F.E.I. No. 59-3511822	Fax Number ()	
			00	८० ष्टमा साथव	EE-DATE	

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