

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:
Actual Return
Estimated Return
Amended Return

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

P. Isler
CCA

Florida Public Service Commission

DISTRIBUTION CENTER

TG710-01-0-R
Robert S. Emerson AM 9:10
4122 South Big Al Point
Inverness, FL 34452-7528
DEPOSIT DATE
D 185 MAR 07 2002

FOR PSC USE ONLY
Check# 577
\$ 50.00
Postmark Date 3/4/02 No postmark
Initials of Preparer MC

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, AMOUNT. Rows include Gross Operating Revenue, Gross Intrastate Revenue, LESS: Amounts Paid to Other Telecommunications Companies, TOTAL REVENUES, Regulatory Assessment Fee Due, Penalty for Late Payment, Interest for Late Payment, TOTAL AMOUNT DUE.

AUS
CAF
CMP
COM THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED
CTR
ECR
9. GCL Number of pay telephones in operation at close of period covered by this Return
OPC
MMS
SEC
\* The above 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: Robert S. Emerson (Preparer of Form - Please Print Name)
Title: OWNER
Date: 12-18-01
Telephone Number: 352-726-7896
Fax Number:
F.E.I. No.: 001-32-4643
DOCUMENT NUMBER-DATE: 02649 MAR-78