

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
JEEA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG709-01-0-R 020000-PU
 Mailman Joey's, Inc.
 4100 North Wickham Road, Unit 102
 Melbourne, FL 32935-2474
DEPOSIT **DATE**
 0203 APR 09 2002

FOR PSC USE ONLY
 Check# 1566
 \$ 50.00 0603002
 \$ 2.50 P 003001
 \$.50 I 0603002
 004011
 Postmark Date 4/5/02
 Initials of Preparer JK

PERIOD COVERED:
01/01/2001 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>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>50.00</u> <u>50.00</u>

Please cancel our Certificate the pay phone is no longer in use since 2001 JEEA

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.

AUG _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 SEC _____
 OTH None

[Signature]
 (Signature of Company Official)

[Signature] _____
 (Title)
 Telephone Number 321 752-9033 Fax Number 321 752-8053

F.E.I. No. _____
 DOCUMENT NUMBER DATE
 03952 APR-98
 FPSC-COMMISSION CLERK