

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:

*P. Isler
JCCA*

- Actual Return
- Estimated Return
- Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TF449-01-0-R
 Elizabeth J. Gaynor
 4721 Indian Gap Drive
 Orlando, FL 32812-8210
DEPOSIT **DATE**
D207 **APR 24 2002**

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

FOR PSC USE ONLY
 Check# 0749
 \$ 50.00 0603002
 003001
 \$ _____ P _____
 0603002
 004011
 \$ _____ I _____
 Postmark Date 4/19/02
 Initials of Preparer MC

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>130.00</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)	\$ <u>130.00</u>
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	<u>.20</u>
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)	_____
TOTAL AMOUNT DUE		\$ <u>50.00</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

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____ Number of pay telephones in operation at close of period covered
- SEC 1 by this Return
- OTH _____

* These amounts must be intrastate only and must be verifiable.

FINAL

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.

Elizabeth J. Gaynor
(Signature of Company Official)

Owner (Title) 4-18-02 (Date)

(Preparer of Form - Please Print Name)

Telephone Number () Fax Number ()

F.E.I. No. _____

DOCUMENT NUMBER-DATE

04409 APR 22 8

FPSC-COMMISSION CLERK