

ORIGINAL

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission
(See Filing Instructions on Back of Form)

STATUS:

Actual Return
Estimated Return
Amended Return

P. Isler / JCCA

TG709-02-0-R
Mailman Joey's, Inc.
4100 North Wickham Road, Unit 102
Melbourne, FL 32935-2474

2001 P & I payment

FOR PSC USE ONLY	
Check#	<u>113</u>
\$	<u>5.00</u>
\$	<u>1.00</u>
Postmark Date	<u>4/24/02</u>
Initials of Preparer	<u>MC</u>

PERIOD COVERED:
01/01/2002 TO 12/31/2002

DATE: P. Isler

DEPOSIT

D208

APR 29 2002

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	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	<u>0</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>0</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>6.00</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
TOTAL AMOUNT DUE		\$ <u>6.00</u>

For 2001

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

BUS
 CAF
 CMP
 COM
 CTR
 ECR
 GCL
 OPC
 PMS
 SEC
 OTH

Number of pay telephones in operation at close of period covered 1

by this Return

* 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.

[Signature]

(Signature of Company Official)

President

(Title)

4-23-02
(Date)

Mike Castiglione
(Preparer of Form (Please Print Name))

Telephone Number 321 752-9033 Fax Number 321 752-8005

F.E.I. No. _____

DOCUMENT NUMBER

04671 APR 29 02

FPSC-COMMISSION CLERK