

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
CA

TE720-01-0-R
 Monroe Norris Kneece
 5317 Gulf Drive
 Panama City Beach, FL 32408-6701

RECEIVED
 JUN 12 2002
 CONSUMER AFFAIRS

FOR PSC USE ONLY
 Check# 960
 \$ 50.00 0603002
 10.00 003001
 P. 0603002
 004011
 Postmark Date 6/11/02
 Initials of Preparer MC

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

DEPOSIT

DATE CC: P. Isler

Please Complete Below If Official Mailing Address Has Changed

D224

JUN 17 2002

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
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	\$

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

* 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.

Monroe Kneece
 (Signature of Company Official)

President 6/9/02
 (Title) (Date)

(Preparer of Form - Please Print Name)

Telephone Number (850) 235-4008 Fax Number

F.E.I. No.

DOCUMENT NUMBER - DATE

06247 JUN 17 02

FPSC-COMMISSION CLERK