

ORIGINAL

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

P. Isler
PCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TG830-01-0-R
 Mark Beverley
 233 36th Street, N.E.
 Bradenton, FL 34208-5077

FOR PSC USE ONLY
 Check# 0982
 \$ 50.00 0603002
 003001
 \$ _____ P
 0603002
 004011
 \$ _____ I
 Postmark Date 6/22/02
 Initials of Preparer mc

PERIOD COVERED:

08/29/2001 TO 12/31/2001

DEPOSIT

DATE cc: P. Isler

D226

JUN 25 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)	\$ _____
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	\$ _____

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 _____ Number of pay telephones in operation at close of period covered
 MMS _____ by this Return
 SEC _____
 OTH _____

* 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.

Mark Beverley
(Signature of Company Official)

owner (Title) 6/19/02 (Date)

Mark Beverley
(Preparer of Form - Please Print Name)

05 700 51 11 849775-1156 Telephone Number (849) 775-1156 Fax Number ()
 DISC. E.E.I. No. 334-54-6313
 DOCUMENT NUMBER DATE

06518 JUN 25 02