

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)

TG007-01-0-R
 Florida Public Telephone Company
 220 East Sixth Street
 Jacksonville, FL 32206-4506
 DATE: *CC: P. Isler*

FOR PSC USE ONLY
 Check# 416
 \$ 50.00 0603002
 \$ 12.50 P 003001
 \$ 2.50 0603002
 004011
 Postmark Date 6/23/02
 Initials of Preparer MC

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

D227 JUN 28 2002
 (Name of Company)

Please Complete Below If Official Mailing Address Has Changed

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 46,519.45
2.	Gross Intrastate Revenue	46,519.45
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(15,656.40)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 30,863.05
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	50.00
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12.50
AUS	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	2.50
CAF		
CMP	TOTAL AMOUNT DUE	\$ 65.00
COM		
CTR		
ECR		
GCL		
OPC	AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50	
MMS	THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED	
SEC		
OTH	Number of pay telephones in operation at close of period covered by this Return	47

* 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.

David Swearingen
 (Signature of Company Official)

President (Title) 6/23/02 (Date)

David Swearingen
 (Preparer of Form - Please Print Name)

Telephone Number (904) 350-9123 Fax Number (904) 356-5394
 F.E.I. No. 323-40-3344 DOCUMENT NUMBER DATE

06695 JUN 28 02

FPSC-COMMISSION CLERK