

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:

P. Isler
CCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TG802-01-0-R
 Robert James Durkin
 7806 Duck Pond Court
 Hudson, FL 34667-7110

PERIOD COVERED:
 05/23/2001 TO 12/31/2001

DEPOSIT

DATE

CC: P. Isler

Please Complete Below If Official Mailing Address Has Changed

D229 JUL 10 2002

(Name of Company)

(Address)

(City/State)

(Zip)

FOR PSC USE ONLY
 Check# 479
 \$ 52.00 0603002
 \$ 12.50 P 003001
 \$ 3.00 I 0603002 004011
 Postmark Date 7/2/02
 Initials of Preparer MC

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	\$ <u>67.50</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

9. Number of pay telephones in operation at close of period covered by this Return 3

* 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 of Company Official: [Signature] (Title) OWNER Date: 07-06-02
 Preparer of Form - Please Print Name: Robert James Durkin Telephone Number: (727) 861-2916 Fax Number: (727) 868-8858
 F.E.I. No: _____

- SCL
- OPC
- VMS
- SEC
- OTH

DOCUMENT NUMBER-DATE
 07177 JUL 11 02