

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler
CCA

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG836-01-0-R
 Toll Call, Inc.
 6000 Live Oak Parkway, Suite 111-A
 Norcross, GA 30093-1732

FOR PSC USE ONLY	
Check#	4386
\$	50.00
\$	12.50
\$	3.50
Postmark Date	8/26/02
Initials of Preparer	MC

PERIOD COVERED:

12/28/2001 TO 12/31/2001

DEPOSIT

D2488

AUG 30 2002

TOLL CALL INC

cc: P. Isler

Please Complete Below If Official Mailing Address Has Changed

6000 LIVE OAK PKWY #111-A

(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)	50.00
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	12.50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	3.50
8.	TOTAL AMOUNT DUE	\$ 66.00

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 _____
- MMS _____
- SEC 1
- QTH _____

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

0

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.

Jacque Wood
(Signature of Company Official)

PRESIDENT
(Title)
8-26-02
(Date)

JACQUE WOOD
(Preparer of Form - Please Print Name)

Telephone Number 770-242-4100 Fax Number 770-448-8497

F.E.I. No. 58-1834296 DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK