

02 1001-10 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

T. McCoy-CMP  
CCA

TG813-02-0-R  
 Hornblower Marine Service, Inc.  
 4610 Ocean Street  
 Mayport, FL 32233-2424

DEPOSIT DATE  
**D273** NOV 18 2002

FOR PSC USE ONLY  
 Check# 6403  
 \$ 50.00 0603002  
 003001  
 \$ \_\_\_\_\_ P  
 0603002  
 004011  
 \$ \_\_\_\_\_  
 Postmark Date 11/12/02  
 Initials of Preparer MC

PERIOD COVERED:  
 01/01/2002 TO 12/31/2002

Please Complete Below If Official Mailing Address Has Changed

Hornblower Marine Services - FL, Inc (Name of Company) Same as above (Address) \_\_\_\_\_ (City/State) \_\_\_\_\_ (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <del>0</del>
2.	Gross Intrastate Revenue	<del>0</del>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( <del>0</del> )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)</b>	\$ <del>0</del>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<del>0</del>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<del>0</del>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<del>0</del>
8.	<b>TOTAL AMOUNT DUE</b>	\$ <u>50.00</u>

- US7. \_\_\_\_\_
- CAF \_\_\_\_\_
- DMF8. \_\_\_\_\_
- COM \_\_\_\_\_
- STR \_\_\_\_\_
- ECR \_\_\_\_\_
- BCL \_\_\_\_\_
- DPC \_\_\_\_\_
- AMS \_\_\_\_\_
- SEC 1
- OTH \_\_\_\_\_

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

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.

Frank V. Beiler  
 (Signature of Company Official)

GENERAL MANAGER (Title) 08 NOV 02 (Date)

Jamie Wiltse  
 (Preparer of Form - Please Print Name)

Telephone Number 904241-9969 Fax Number 904241-2075

F.E.I. No. 650944244

DOCUMENT NUMBER DATE  
 12602 NOV 18 2002  
 FPSC-COMM-FEE OR CLERK