

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

P. 25/01
CEA
STATUS: Final Return
 Actual Return
 Estimated Return
 Amended Return

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

Florida Public Service Commission
 (See Filing Instructions on Back of Form)
 TG772-02-0-R
 Little Charlie Creek R.V. Park, Inc.
 1850 Heard Bridge Road
 Wauchula, FL 33873-2386
 DEPOSIT DATE
D302 FEB 04 2003

FOR PSC USE ONLY
 Check# 7099
 \$ 50.00 0603002
 003001
 \$ _____ P 0603002
 004011
 \$ _____ I
 Postmark Date 1-29-03
 Initials of Preparer VM

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)	\$ <u>134.15</u>
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)	\$ <u>134.15</u>
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	<u>0.20</u>
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>50.00</u>

AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 SEC I
 OTH None

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 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.

Cynthia C. Parrish
 (Signature of Company Official)
CYNTHIA C. PARRISH
 (Preparer of Form - Please Print Name)

Dee - Jear (Title) 1/29/03 (Date)
 Telephone Number 863 773-3161 Fax Number 863 773-0443
 F.E.I. No. 65-0068978

DOCUMENT NUMBER - DATE
01133 FEB-4 8