

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL
Florida Public Service Commission
(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

*P. Isler
CCA*

TG919-03-0-R
 Thomas E. Cantrell
 10440 San Martin Blvd.
 St. Petersburg, FL 33702-1462

DEPOSIT DATE
0363 JUL 11 2003

CC: P. Isler 030000-Pu

FOR PSC USE ONLY

Check# 1744

\$ 50.00 0603002
003001

\$ _____ P _____
0603002
004011

\$ _____ I _____

Postmark Date 7/5/03

Initials of Preparer MC

PERIOD COVERED:
01/01/2003 TO 12/31/2003

Please Complete Below If Official Mailing Address Has Changed

San Martin Group (Name of Company) 10440 San Martin Blvd (Address) St. Petersburg FL (City/State) 33702 (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)	_____
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>350.00</u>

AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____ \$ _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 SEC T
 OTH NONNYC
Hong- original

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.

Thomas E. Cantrell (Signature of Company Official) Treasurer (Title) 7-3-04 (Date)

Thomas E. Cantrell (Preparer of Form - Please Print Name) Telephone Number 727-527-0154 Fax Number ()

F.E.I. No. _____

DOCUMENT NUMBER-DATE
06026 JUL-88
 FPSC-COMMISSION CLERK