

Isler  
CAF

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/20/2003

### Pay Telephone Service Provider Regulatory Assessment Fee Return

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

FOR PSC USE ONLY	
Check#	2136
\$	50.00 0603002
\$	00.00 P 003001
\$	5.50 0603002
	004011
Postmark Date	9-25-02
Initials of Preparer	RT

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TF745-02-0-R **DEPOSIT DATE**  
 David P. Mandeville  
 1725 Ashland Street D 384 - 0000 0000  
 Jacksonville, FL 32207-5436  
**Docket 030701-TC (Isler)**

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

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 15,000
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (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.	<b>TOTAL AMOUNT DUE</b>	\$ 50.00

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

9. Number of pay telephones in operation at close of period covered by this Return 19

\* 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)	(Title)	(Date)
_____ (Preparer of Form - Please Print Name)	Telephone Number ( )	Fax Number ( )
	F.E.I. No. _____	

- AUS \_\_\_\_\_
  - CAF \_\_\_\_\_
  - CMP \_\_\_\_\_
  - COM \_\_\_\_\_
  - CTR \_\_\_\_\_
  - ECR \_\_\_\_\_
  - GCL \_\_\_\_\_
  - OPC \_\_\_\_\_
  - MMS \_\_\_\_\_
  - SEC 1
  - OTH \_\_\_\_\_
- PSC/CMU-26 (rev. 1/11/97)

DOCUMENT NUMBER-DATE  
 09391 SEP 30 02  
 FPSC-COMMISSION CLERK

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2004

# Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

Florida Public Service Commission

(See Filing Instructions for Preparation)

TF745-03-0-R	DEPOSIT DATE
David P. Mandeville	0384-0100
1725 Ashland Street	
Jacksonville, FL 32207-5436	
Docket 030701-TC (Isler)	

FOR PSC USE ONLY	
Check#	2136
\$ 50.00	0603002 003001
\$	P 0603002 004011
\$	
Postmark Date	9-25-03
Initials of Preparer	RT

Please Complete Below if Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
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 (Lines 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	\$ 50.00

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

9. Number of pay telephones in operation at close of period covered by this Return 0

\* These amounts must be intimate 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 or her duty shall be guilty of a misdemeanor of the second degree.

David Mandeville  
(Signature of Company Official)

owner (Title) 9/25/03 (Date)

(Preparer of Form - Please Print Name)

Telephone Number 904 398-2523 Fax Number 904 398-6048  
F.B.I. No. 252-02-5637

September 25, 2003

David Mandeville  
1725 Ashland St.  
Jacksonville, FL 32207

Paula Isler  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

Dear Ms. Isler,

Please accept my payment for license TF745 for 2002 and 2003 plus fees. I have dismantled my old route and disposed of the equipment in December 2002 and do not intend to be in the payphone business anymore. At this time I request that my license be cancelled.

I did not realize that 2002 had not been paid and had completely forgotten to notify you that I was no longer in the business. Please accept my apologies and let me cancel at this time.

Sincerely,

  
David Mandeville

RECEIVED 7/11/03

7/11/03 02:03:00