

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

Total of PCL 8121.00

STATUS:

- Actual Return
- Estimated Return
- Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG387-03-0-R
 Resource Express Inc. 393 OCT 31 2003
 331-3 Parkridge Avenue
 Orange Park, FL 32065-8650
 Docket No. 030717-TC (Isler)

FOR PSC USE ONLY
 Check# 1339
 \$ 50.00 0603002
 003001
 P
 0603002
 004011
 \$ _____
 Postmark Date 10/28/03
 Initials of Preparer RT

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

Please Complete Below If Official Mailing Address Has Changed

Resource Express, Inc. _____
 (Name of Company) (Address) (City/State) (Zip)

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 (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	\$ _____

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC 1
- OTH NONMC

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.

[Signature]
 (Signature of Company Official)
Sandy Compton
 (Preparer of Form - Please Print Name)

President 10/28/03
 (Title) (Date)
 Telephone Number 904 213-0360 Fax Number 904 213-0201
 F.R.I. No. 59-3471424

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2003

Pay Telephone Service Provider Regulatory Assessment Fee Return

TOTAL OF CK # 121.00

2001 P- \$3.00 + .50 Int

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TG387-02-0-R
 Resource Express Inc.
 331-3 Parkridge Avenue
 Orange Park, FL 32065-8650
 Docket No. 030717-TC

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

FOR PSC USE ONLY	
Check#	1339
\$	50.00 0603002
\$	12.50 P 003001
	0603002
\$	5.00 I 004011
Postmark Date	10/28/03
Initials of Preparer	RA

Please Complete Below If Official Mailing Address Has Changed

Resource Express Inc (Name of Company) _____ (Address) _____ (City/State) _____ (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>Ø</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)	\$ _____
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	\$ _____

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 Ø

* 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 may be guilty of a misdemeanor of the second degree.

Butt French Jr.
 (Signature of Company Official)
Sandy Compton
 (Preparer of Form - Please Print Name)

President (Title) 10/28/03 (Date)
 Telephone Number 904 213-0360 Fax Number 904 213-9301
 F.E.I. No. 59-3471424

Resource *Express Inc.*

331-3 Parkridge Avenue, Orange Park, FL 32065
Telephone: 904.213.0360 Fax: 904.213.9201
E-mail Address: reiatm@attglobal.net

October 28, 2003

Florida Public Service Commission
Ms. Pam Isler
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: Cancellation of Certificate for Payphone

Dear Ms. Isler,

This is in response to Docket No.030717-TC and document number 09765 Oct 8, 2003. We no longer have any payphones and hereby request cancellation of our certificate in lieu of the \$500.00 fine.

In addition, enclosed is check in the amount of \$121.00 for the penalties that were incurred for non-disclosure of the Assessment Fee Return for the year 2002

If there are any questions or concerns regarding this issue please call me at 904-213-0360.

Sincerely,



Bert E. French, Jr.
President

03 OCT 29 AM 10:22

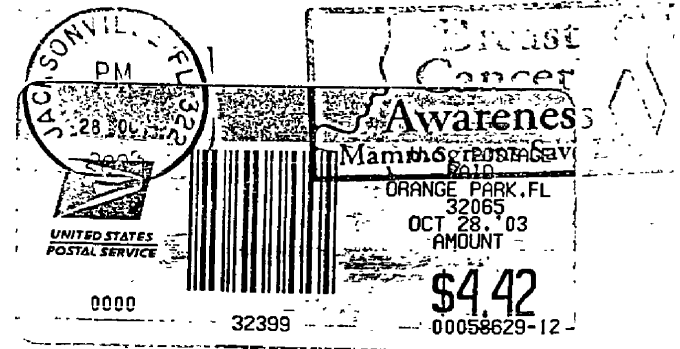
DISTRIBUTION CENTER

Resource Express, Inc.
331-3 Parkridge Avenue
Orange Park, FL 32065

CERTIFIED MAIL



7001 0360 0004 3352 9083



Florida Public Service Commission
Ms. Pam Isler
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

32399+0850

