

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

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

Records

Iskr

copy of Attachment

TF808-03-0-R
 Mildred J. Hughes
 P. O. Box 5572
 Tallahassee, FL 32314-5572
 0419 JAN 22 2004

FOR PSC USE ONLY

Check# 2313

\$ 50.00 0603002
 003001

\$ _____ P 0603002
 004011

\$ _____ I

Postmark Date: 1-19-04

Initials of Preparer: RT

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>400.00</u>
2.	Gross Intrastate Revenue	<u>400.00</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(<u>342.66</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>57.34</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>8.00</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>1</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>1</u>
8.	TOTAL AMOUNT DUE	\$ <u>50.00</u>

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 1

* These amounts must be intrastate only and must be verifiable.

(Note: This pay phone was discontinued June 2003.)

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.

Mildred J. Hughes
 (Signature of Company Official)

Owner

(Title)

1/15/04

(Date)

Telephone Number 850) 841-4383 Fax Number 850) 421-7368

Mildred J. Hughes
 (Preparer of Form - Please Print Name)

F.E.I. No. _____

DOCUMENT NUMBER-DATE

00945 JAN 22 04

MILDRED J. HUGHES
Post Office Box 5572
Tallahassee, FL 32314
(850)841-4383

January 15, 2004

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

RE: TF808-03-0-R

Dear Commission:

I am no longer in the pay phone business and wish to cancel my Certificate effective 12/31/03.

If I can provide additional information in regard to this request, please feel free to contact me at 841-4383 or 545-4543.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Mildred J. Hughes".

Mildred J. Hughes

Enclosure: RAF Form