

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

TF495-03-0-R 040532-TC
 James M. Sprinkle 50.00-RAA
 1866 Redwood Grove Terrace for
 Lake Mary, FL 32746-4414 2004

FOR PSC USE ONLY
 Check# 261
 \$ 50.00 0603002
 003001
 \$ 12.50 P
 0603002
 004011
 \$ 2.50 I
 Postmark Date 6-4-04
 Initials of Preparer RS

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

RECORDS PAULA

DEPOSIT
 471 JUN 9 2004

DATE
CC: 2004 P. Isler

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	CMP	COM	CTR	ECR	GCL	MMS	RCA	SCR	SEC	OTH	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>65-</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 2

* 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.

Jim Sprinkle
 (Signature of Company Official)

Owner 1-4-04
 (Title) (Date)

(Preparer of Form - Please Print Name)

Telephone Number () Fax Number ()

F.E.I. No. _____

DOCUMENT NUMBER-DATE

06416 JUN-9 3

FPSC-COMMISSION CLERK

Jim Sprinkle
1866 Redwood Grove Terrace
Lake Mary, FL 32746
407.333 3475 fax
407 804 1122

Paula J. Isler
Bureau of Service Quality
Florida public Service Commission
Capital Circle Office Center
2540 Shumard Oak Blvd
Tallahassee, FL 32399-0850

6-4-04

Dear Ms. Isler,

As per our conversation today I am enclosing a check for \$115 to cover my Regulatory Assessment Fee for 2003 and 2004.

Please cancel my Certificate as once. I no longer have phones that are active and do not need to have a certificate.

Thanks for your help on this matter.

Jim Sprinkle

A handwritten signature in cursive script that reads "Jim Sprinkle". The signature is written in black ink and is positioned below the typed name.