

**Pay Telephone Service Provider Regulatory Assessment Fee Return**

TOTAL OF CHECK \$71.00

**ORIGINAL**

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

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TG203-03-0-R  
Ferris Stephen Waller Jr.  
3301 Paul Buchman Highway, 38 N  
Plant City, FL 33565-5051

**DEPOSIT DATE**  
472 JUN 16 2004

cc: P. Isler

**FOR PSC USE ONLY**

Check# 5170

\$ 50.00 0603002  
003001

\$ 12.50 P 0603002  
004011

\$ 2.50 I

Postmark Date 6-8-04

Initials of Preparer RT

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

Paula  
Records

Please Complete Below If Official Mailing Address Has Changed

\_\_\_\_\_  
(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT	CMP
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>	COM
2.	Gross Intrastate Revenue		CIR
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(	EOR
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$	GCL
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)		OPC
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)		MMS
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)		RCA
8.	TOTAL AMOUNT DUE	\$	SCR
			SEC <u>L</u>
			OTH

(040000)

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

Phone's disconnected

\* 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.

Ferris J. Waller Jr.  
(Signature of Company Official)

OWNER (Title) 1-28-04 (Date)

(Preparer of Form - Please Print Name)

Telephone Number ( ) Fax Number ( )

F.E.I. No. \_\_\_\_\_

DOCUMENT NUMBER-DATE  
06639 JUN 16 03  
FPSC-COMMISSION CLERK

Country Village Market Place  
3301 Paul Buchman Hwy. 39 N.  
Plant City, FL 33565

6-8-4

Mrs. Isler -

Enclosed is check plus late fees - Guess  
I did not understand you we have to pay  
even if we have not had the phones in use  
for the past year -

They have been disconnected - We will  
not have to pay any more - Correct?

Peggy Waller

813-759-1504

04 JUN 10 AM 9:16

DISTRIBUTION CENTER