

REQUEST TO ESTABLISH DOCKET
(Please Type)

Date July 12, 2004 Docket No. 040738-TC

1. Division Name/Staff Name: Division of Competitive Markets and Enforcement/Toni McCoy

2. OPR: Toni McCoy, CMP

3. OCR: GCO

4. Suggested Docket Title: Request for cancellation on PATS certificate No. 5517 by Ferris Stephen Waller Jr., effective 6/15/04.

5. Suggested Docket Mailing List (attach separate sheet if necessary)
A. Provide NAMES OR ACRONYMS ONLY if a regulated company.
B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)
1. Parties and their representatives (if any):

Table with 2 columns for mailing list details.

2. Interested persons and their representatives (if any):

6. Check one:
 Documentation is attached.
 Documentation will be provided with recommendation.

294
7/8/04

COMPANY NAME: Ferris Stephen Waller Jr. CO. CODE: TG203

COMPANY LIAISON: Same, Owner

DOCKET NO.: _____ CERTIFICATE NO.: 5517 EFFECTIVE: 11/22/97

INACTIVE:

RAF RETURN NOTICE: _____

2003 DELINQUENT NOTICE: Returned: 02/26/04 Signed for by: Name Illegible

OTHER RETURNED MAIL: _____

CCA'S RETURNED MAIL: _____

YEAR(s) RAFs NOT PAID: 2003

YEAR(s) PENALTIES & INTEREST NOT PAID: 2000, 2003

REVENUES/YEAR:	Amount	Year	Paid
<u>\$0</u>	<u>2003</u>	<u>No payment received</u>	

DATE LOTUS CHECKED FOR PAYMENT: _____

OTHER INFORMATION

04/09/04 - As of this date payment of the 2003 RAF has not been received.

Fiscal turned over this uncollectible account to CMP.

05/26/04 - Wrote company (mailed) and advised it to pay 2003 RAF, plus P&I.

TMS #1318 - Response due 06/25/04.

6/15/04 - Mem Co. - Paym of A.D. amt. in full

Total pd - \$71. Also, letter requesting

cancellation.

6/16/04 - Write Co. & enclosed 2004 RAF return
& adv. Co. to pay \$50. As soon as
it is rec'd., a dkt would be opened
to cancel cert. voluntarily.

7/7/04 - from Co. - Paym. of 2004 RAF (\$50)

7/8/04 - Forwarded file to JG for handling.
RAF cancellation, Eff. 6/15/04

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

FOR PSC USE ONLY	
Check#	5204
\$	50.00 06-03-001 003001
\$	P 06-03-001 004011
\$	I
Postmark Date	10-29-04
Initials of Preparer	RT

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TG203-04-0-R
 Ferris Stephen Waller Jr.
 3301 Paul Buchman Highway 39, N.
 Plant City, FL 33565-5051

DEPOSIT DATE
 477 JUL - 7 2004

cc: P. Isler

PERIOD COVERED:
 01/01/2004 TO 12/31/2004

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)	\$ _____
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 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.

Ferris S. Waller
 (Signature of Company Official)

owner (Title) 6-29-04 (Date)

Peggy A. Waller
 (Preparer of Form - Please Print Name)

Telephone Number 813 Fax Number 813

F.E.I. No. 59-3324625

STATE OF FLORIDA

COMMISSIONERS:
BRAULIO L. BAEZ, CHAIRMAN
J. TERRY DEASON
LILA A. JABER
RUDOLPH "RUDY" BRADLEY
CHARLES M. DAVIDSON



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
BETH W. SALAK
DIRECTOR
(850) 413-6600

Public Service Commission

June 16, 2004

Mrs. Peggy Waller
Ferris Stephen Waller Jr. (TG203)
3301 Paul Buchman Hwy. 39 North
Plant City, FL 33565-5051

Dear Mrs. Waller:

The Commission received your 2003 Regulatory Assessment Fee return form and payment, along with your letter with what appears to be a request for cancellation of your payphone certificate. In your letter you asked if you would have to pay anything else. Unfortunately, the answer is you will owe the minimum (\$50) 2004 Regulatory Assessment Fee. The 2004 Regulatory Assessment Fee return form is enclosed.

If a certificate is active for any day during a calendar year, a telecommunications company is responsible for paying the Regulatory Assessment Fee for that year, whether or not the company had any payphones or ever started operations. Since the Commission was not notified in 2003 that Mr. Waller wished to cancel his certificate, the certificate remained active and the 2004 Regulatory Assessment Fee is applicable.

Once the 2004 Regulatory Assessment Fee return form and payment of \$50 are received, a docket will be opened to grant Mr. Waller a voluntary cancellation. After payment is received, the company will not have to pay anything else to the Public Service Commission. Please let me know by July 1st how you wish to proceed or if you have any questions. I can be reached at (850) 413-6502-phone, (850) 413-6503-fax, by internet e-mail at PIsler@psc.state.fl.us, or at the address below.

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosure

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2004 TO 12/31/2004

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG203-04-0-R
 Ferris Stephen Waller Jr.
 3301 Paul Buchman Highway 39, N.
 Plant City, FL 33565-5051
 CC: P. Isler

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____

\$ _____ 06-03-001
 003001

\$ _____ P 06-03-001
 004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

 (Name of Company)

 (Address)

 (City/State)

 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	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	\$ _____

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 _____

* 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. _____

Pay Telephone Service Provider Regulatory Assessment Fee Return

TOTAL OF CHECK \$71.00

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

TG203-03-0-R
Ferris Stephen Waller Jr.
3301 Paul Buchman Highway, 30 N
Plant City, FL 33565-5051
POST DATE
472 JUN 16 2004
cc: P. Isler

FOR PSC USE ONLY	
Check#	5170
\$	50.00 0603002
\$	12.50 P 003001
\$	2.50 I 0603002
	004011
Postmark Date	6-8-04
Initials of Preparer	RT

Please Complete Below if Official Mailing Address Has Changed

Paula
Records

(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	\$

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.

Phone's disconnected

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 S. 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. _____

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

6-8-4

Miss. 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 anymore - Correct?

Peggy Waller

813-759-1504

04 JUN 10 AM 9:16

DISTRIBUTION CENTER

STATE OF FLORIDA

COMMISSIONERS:
BRAULIO L. BAEZ, CHAIRMAN
J. TERRY DEASON
LILA A. JABER
RUDOLPH "RUDY" BRADLEY
CHARLES M. DAVIDSON



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
BETH W. SALAK
DIRECTOR
(850) 413-6600

Public Service Commission

May 26, 2004

Mr. Ferris Stephen Waller Jr. (TG203)
3301 Paul Buchman Highway 39, North
Plant City, FL 33565-5051

Dear Mr. Waller:

The Commission received your 2003 Regulatory Assessment Fee return form showing zero revenues. However, payment of the \$50 minimum Regulatory Assessment Fee was not included. The 2003 Regulatory Assessment Fee was due by January 30, 2004. Since payment was not included with your return, statutory late payment charges in the amount of \$15 are now applicable if payment is postmarked by June 28th. In addition, our records show you have a \$6 balance for late payment of the 2000 fee.

The Regulatory Assessment Fee is assessed if a certificate is active for any one day during a calendar year, even if a company had no revenues or ever started operations during the period covered.

Therefore, if you are not requesting cancellation of your certificate (copy of the cancellation rule is attached), please send payment of the minimum \$50.00 2003 fee, the \$21.00 late payment charges, and a copy of the completed 2003 Regulatory Assessment Fee return form enclosed. When returning payment and a copy of the completed 2003 Regulatory Assessment Fee return form, please use the enclosed blue envelope, which will insure prompt processing.

In the meantime, if you have any questions, just let me know. I can be reached at (850) 413-6502-phone, (850) 413-6503-fax, by internet e-mail at PIsler@psc.state.fl.us, or at the address below.

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures
TMS #1318

Pay Telephone Service Provider Regulatory Assessment Fee Return

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 39, N.
 Plant City, FL 33565-5051

cc: P. Isler

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

FOR PSC USE ONLY

Check# _____
 \$ _____ 0603002
 _____ 003001
 \$ _____ P
 _____ 0603002
 _____ I 004011
 Postmark Date _____
 Initials of Preparer _____

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>0</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 0

Phones 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. _____

COMPANY IDENTIFICATION

Printed on 04/26/2004 at 10:40:50 by PJI

Complete Name: Ferris Stephen Waller Jr.

Mailing Name: Ferris Stephen Waller Jr.

Company Code: TG203 FEID Number:

RAF ACCOUNT FOR THE PERIOD 01/01/2000 THROUGH 12/31/2000

Reg. Date: 11/22/1997 Inactive Date:
 Service: PAT - Pay Telephone
 Received: Actual RAF Form
 Status: Pending
 Amended: No Extension: No
 Frozen: No Comments: No
 Payment Count: 1 Payment Made to Date
 Operating Rev: \$556.60 Interstate Rev: \$0.00
 RAF Rate: 0.0015 Net RAF Due: \$50.00

Assessment	Due	Paid	Owe
RAF	\$50.00	\$50.00	\$0.00
Penalty	\$5.00	\$0.00	\$5.00
Interest	\$1.00	\$0.00	\$1.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$56.00	\$50.00	\$6.00

Last modification was made on Tuesday, March 13, 2001 at 3:34 PM by Jackie Knight

Period covered: 01/01/2000 through 12/31/2000 RAF rate: 0.0015
 Operating rev: \$556.60 Gross intrastate rev: \$0.00
 Documents: Actual RAF form received on 03/07/2001
 RAF form faxed on 02/27/2001
 Remarks: Sent to Ferris Waller JR at (813) 759-0647
 Delinquent letter mailed on 02/21/2001
 RAF form mailed on 12/05/2000

Postmarked	Trans Date	Date Posted-By	Dep #	Check #	Check Amount
03/07/2001	03/13/2001	03/13/2001-JIK	GI037	3533	\$50.00
	RAF paid		GI037		\$50.00

25-24.514 Cancellation of a Certificate.

- (1) The Commission may cancel a company's certificate for any of the following reasons:
- (a) Violation of the terms and conditions under which the authority was originally granted;
 - (b) Violation of Commission rules or orders;
 - (c) Violation of Florida Statutes; or,
 - (d) Failure to provide service for a period of six (6) months.

(2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request.

- (a) Statement of intent and date to pay Regulatory Assessment Fee.
- (b) Statement of why the certificate is proposed to be cancelled.

(3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS.

Law Implemented 350.113, 350.127(1), 364.03, 364.285, 364.337, 364.345 FS.

History--New 1-5-87.

TG203-03-0-D

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TG203 Ferris Stephen Waller Jr.
3301 Paul Buchanan Highway 39, N.
Plant City, Florida 33565-5051

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X *Del Co Acct* Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No



3. Service Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7002 0860 0001 1761 0131

COMPANY IDENTIFICATION

Printed on 04/26/2004 at 10:40:58 by PJI

Complete Name: Ferris Stephen Waller Jr.

Mailing Name: Ferris Stephen Waller Jr.

Company Code: TG203 FEID Number:

RAF ACCOUNT FOR THE PERIOD 01/01/2003 THROUGH 12/31/2003

Reg. Date: 11/22/1997 Inactive Date:
 Service: PAT - Pay Telephone
 Received: No RAF Form
 Status: Pending
 Amended: No Extension: No
 Frozen: No Comments: No
 Payment Count: 0 Payments Made to Date
 Operating Rev: \$0.00 Interstate Rev: \$0.00
 RAF Rate: Net RAF Due: \$0.00

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Last modification was made on Wednesday, December 3, 2003 at 9:44 AM by David Brown

Period covered: 01/01/2003 through 12/31/2003 RAF rate:
 Operating rev: \$0.00 Gross intrastate rev: \$0.00
 Documents: Delinquent letter mailed on 02/20/2004
 Delinquent letter mailed on 02/19/2004
 RAF form mailed on 12/03/2003

MCD Company Information for TG203

Printed on 04/23/2004 at 15:58:12 by PJI

Company Code: TG203
Complete Name: Ferris Stephen Waller Jr.
Mailing Name: Ferris Stephen Waller Jr.
Certificate No(s): 5517
Status: Active
Regulation Date: 11/22/1997
Bankruptcy: No
Company Liaison #1: Ferris Stephen Waller
Title: Owner
Mailing Address: 3301 Paul Buchman Highway 39, N.

Physical Location: Plant City, FL 33565-5051
3301 Paul Buchman Highway 39, N.

Phone: Plant City, FL 33565-5051
Fax: (813) 752-4670

Related Dockets:
971225-TC Application for certificate to provide pay telephone service by
Ferris Stephen Waller Jr.