

REQUEST TO ESTABLISH DOCKET

(Please Type)

Date:	8/3/2004	Docket No.:	040812-TC
--------------	----------	--------------------	-----------

1. Division Name/Staff Name:	Division Of Competitive Markets & Enforcement/Isler
-------------------------------------	---

2. OPR:	Division Of Competitive Markets & Enforcement
----------------	---

3. OCR:	Office Of The General Counsel
----------------	-------------------------------

4. Suggested Docket Title:	Compliance Investigation Of Edward E. Rockey For Apparent Violation Of Rule 25-4.0161,
-----------------------------------	--

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):

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

6. Check one:

Documentation is attached.

Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

08435 AUG-3 8

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

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

TG257-03-0-R
Edward E. Rockey
4145 Garand Lane
West Palm Beach, FL 33406-2941

cc: P. Isler

FOR PSC USE ONLY	
Check#	
\$	0603002 003001
\$	P 0603002 004011
\$	1
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)	\$ 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	\$ 0

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.

Edward E. Rockey (Signature of Company Official) OWNER (Title) 12/25/03 (Date)
Edward E. Rockey (Preparer of Form - Please Print Name) Telephone Number 561 686-4256 Fax Number ()
 F.E.I. No. _____

CANCEL CERT.
JOD

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. Edward E. Rockey (TG257)
4145 Garand Lane
West Palm Beach, FL 33406-2941

Dear Mr. Rockey:

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 \$12 balance for late payment of the 2002 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 \$27.00 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 #1319

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

TG257-03-0-R
Edward E. Rockey
4145 Garand Lane
West Palm Beach, FL 33406-2941

cc: P. Isler

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

FOR PSC USE ONLY	
Check#	
\$	0603002
	003001
\$	P
	0603002
	004011
\$	1
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)	\$ 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	\$ 0

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.

Edward E. Rockey
(Signature of Company Official)

Edward E. Rockey
(Preparer of Form - Please Print Name)

Owner
(Title) 12/25/03
(Date)

Telephone Number 561 686-4256 Fax Number ()

F.E.I. No. _____

COMPANY IDENTIFICATION

Printed on 04/26/2004 at 10:41:29 by PJI

Complete Name: Edward E. Rockey

Mailing Name: Edward E. Rockey

Company Code: TG257 FEID Number:

RAF ACCOUNT FOR THE PERIOD 01/01/2002 THROUGH 12/31/2002

Reg. Date:	02/17/1998	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:	\$2,500.00	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	\$10.00	\$0.00	\$10.00
Interest	\$2.00	\$0.00	\$2.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$62.00	\$50.00	\$12.00

Period covered: 01/01/2002 through 12/31/2002 RAF rate: 0.0015
 Operating rev: \$2,500.00 Gross intrastate rev: \$0.00
 Documents: Actual RAF form received on 05/27/2003
 RAF form mailed on 05/16/2003
 Delinquent letter mailed on 02/19/2003
 RAF form mailed on 12/05/2002

Postmarked	Trans Date	Date Posted-By	Dep #	Check #	Check Amount
05/27/2003	06/02/2003	06/03/2003-VPM	IL353	567	\$53.00
	RAF paid		IL353		\$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.

TG257-03-0-D

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none">■ 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.	<table border="1"><tr><td data-bbox="858 545 1189 620">A. Received by (Please Print Clearly) <i>Murton Chappell</i></td><td data-bbox="1189 545 1362 620">B. Date of Delivery <i>2/23/04</i></td></tr><tr><td colspan="2" data-bbox="858 620 1362 707">C. Signature <i>X Murton Chappell</i></td></tr><tr><td data-bbox="858 648 1228 707"><input type="checkbox"/> Agent</td><td data-bbox="1228 648 1362 707"><input type="checkbox"/> Addressee</td></tr></table>	A. Received by (Please Print Clearly) <i>Murton Chappell</i>	B. Date of Delivery <i>2/23/04</i>	C. Signature <i>X Murton Chappell</i>		<input type="checkbox"/> Agent	<input type="checkbox"/> Addressee
A. Received by (Please Print Clearly) <i>Murton Chappell</i>	B. Date of Delivery <i>2/23/04</i>						
C. Signature <i>X Murton Chappell</i>							
<input type="checkbox"/> Agent	<input type="checkbox"/> Addressee						
1. Article Addressed to: TG257 Edward E. Rockey 4145 Garand Lane West Palm Beach, Florida 33406-2941	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No						
	3. Service type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.						
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7002 0860 0001 1761 0162						
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424							

COMPANY IDENTIFICATION

Printed on 04/26/2004 at 10:41:38 by PJI

Complete Name: Edward E. Rockey

Mailing Name: Edward E. Rockey

Company Code: TG257 FEID Number:

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

Reg. Date: 02/17/1998 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 TG257

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

Company Code: TG257
Complete Name: Edward E. Rockey
Mailing Name: Edward E. Rockey
Certificate No(s): 5581
Status: Active
Regulation Date: 02/17/1998
Bankruptcy: No
Company Liaison #1: Edward E. Rockey
Title: Owner
Mailing Address: 4145 Garand Lane

Physical Location: West Palm Beach, FL 33406-2941
4145 Garand Lane

Phone: West Palm Beach, FL 33406-2941
Fax: (561) 712-9980

Related Dockets:

980008-TC Application for certificate to provide pay telephone service by
Edward E. Rockey.