

041031-TC

Pay Telephone Service Provider Regulatory Assessment Fee Return

TOTAL \$118.00

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2003 TO 12/31/2003

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG717-03-0-R
 Bay Public Communications, Inc.
 PO Box 27852
 Panama City Beach, FL 32411-7852
 Docket No. 041031-TC (Isler)

DEPOSIT DATE
 5 1 6 JAN - 4 2004

ORIGINAL

FOR PSC USE ONLY

Check # _____

\$ 50.00 06-03-001 003001

\$ 12.50 P 06-03-001 004011

\$ 5.50 I

Postmark Date 12-30-04

Initials of Preparer RT

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	CMP _____	AMOUNT
1.	Gross Operating Revenue (Florida)	COM _____	\$ - - -
2.	Gross Intrastate Revenue	CTR _____	- - -
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	ECR _____	(- - -)
		GCL _____	
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	OPC _____	\$ - - -
		MMS _____	
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	RCA _____	51.00
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	SCR _____	12.50
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	SEC <u>1</u>	5.50
8.	TOTAL AMOUNT DUE	OTH _____	\$ 68.00

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.

[Signature]
 (Signature of Company Official)

[Signature] (Title) 12-7-04 (Date)

Debbie Hyde

Telephone Number 850-230-5090 Fax Number 850-230-5090

(Preparer of Form - Please Print Name)

F.E.I. No. _____

DOCUMENT NUMBER-DATE

00039 JAN-3 03

FPSC-COMMISSION CLERK