

050011-TC

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

TG218-04-0-R
All American Vending
731 Winfred Place
Orange Park, FL 32073
DATE: 5 1 6 JAN - 4 2005

FOR PSC USE ONLY

Check# 7824

\$ 50.00 06-03-001 003001

\$ _____ P 06-03-001 004011

\$ _____ I

Postmark Date 12/29/04

Initials of Preparer RT

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

Records/ Paula

Please Complete Below If Official Mailing Address Has Changed

All American Vending (Name of Company) 731 Winfred Place (Address) Orange Park, FL 32073 (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	CMP	COM	CTR	ECR	GCL	OPC	MMS	RCA	SCR	SEC	OTH	AMOUNT
1.	Gross Operating Revenue (Florida)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$ 0.00
2.	Gross Intrastate Revenue	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	0.00
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	(0.00)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$ 0.00
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	0.00
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	0.00
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	0.00
8.	TOTAL AMOUNT DUE	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	\$ 50.00

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 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.

Curtis W. Sewell
(Signature of Company Official)
Curtis W. Sewell JR

owner/operator (Title) 12/27/04 (Date)
Telephone Number (904) 264-1387 Fax Number (904) 215-9953

(Preparer of Form - Please Print Name)

F.E.I. No. _____ DOCUMENT NUMBER-DATE

00042 JAN-3 05

Curtis W. Sewell Jr.
731 Winfred Place
Orange Park, Florida 32073

Telephone/Messages:
(904) 215-9953

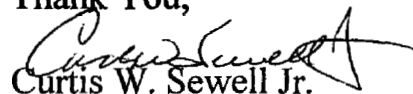
December 27, 2004

Florida Public Service Commission
Betty Easley Bldg, c/o Records & Reporting
2540 Shumard Oak Boulevard
Capital Circle Office Center
Tallahassee, FL 32399-0850

Subject: Pay Telephone Service Provider License (TG218-04-R)

1. Several years ago, I decided to "cut my loses" and to pull all of my pay telephone. All of my phones have been pulled and placed in storage for years. I kept my license current in the hopes that the pay phone industry would improve. It hasn't.
2. I hereby request that you terminate my License as a Pay Telephone Service Provider in the State of Florida.
3. If additional information is required, please contact me at (904) 264-1387 (H) or (904)264-1387(W).

Thank You,


Curtis W. Sewell Jr.
DBA ALL American Vending