

Thursday, January 08, 2009

090020-TC

RECEIVED-FPSC  
09 JAN 16 PM 4:15  
COMMISSION  
CLERK

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FL 32399-0850

TO:

Robert Stevenson

Phone: (772) 529-3855

Fax:

FROM:

Paula Isler

Phone: (850) 413-6502

Fax: (850) 413-6503

E-mail: PIsler@psc.state.fl.us

RE:

M & M Petroleum, Inc. (TG337)

*PK Please Cancel*

Dear Mr. Stevenson:

The Commission received M & M Petroleum's 2008 Regulatory Assessment Fee (RAF) return form with the note "No longer have phones. Cancel" written on the form. However, payment of the 2008 minimum \$100 fee was not included. There are two types of cancellation. One is voluntary, which is when a certificate holder writes us and requests cancellation and pays all Regulatory Assessment Fees. The other is involuntary, and is when a certificate is cancelled on the Commission's own motion for violation of a rule, order, or statute. Any unpaid fees are turned over to collections.

As information, the Regulatory Assessment Fee is applicable if a certificate is active for any day during a calendar year even if a company had no revenues or ever started operations. Certificates remain active until a company requests cancellation or the Commission cancels a certificate on its own motion for a rule, statute, or order violation. I reviewed your 2007 RAF

DOCUMENT NUMBER-DATE

00452 JAN 16 8

FPSC-COMMISSION CLERK

# Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2008 TO 12/31/2008

(See Filing Instructions on Back of Form)

TG337-08-0-R  
M & M Petroleum, Inc.  
2944 Rosetree Drive  
Jensen Beach, FL 34957-4757

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 14990  
\$ 100.00 06-03-001  
003001  
\$ \_\_\_\_\_ E  
\$ \_\_\_\_\_ P 06-03-001  
004011  
\$ \_\_\_\_\_ I  
Postmark Date 1-12-09 No Check!  
Initials of Preparer RS

*Records + Paula*

\_\_\_\_\_  
(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 <sup>(1)</sup> (see "2. Fees" on back)	_____
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by <u>0.0020</u> )	_____
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.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	<b>TOTAL AMOUNT DUE (MINIMUM \$100.00)</b>	\$ <u>0</u> <sup>(2)</sup>
10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

*No Longer Have Phones*  
**CANCEL**

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).  
(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

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)      1/5/09 (Date)

00452 JAN 16 2009 (Telephone Number)      5293855 (Fax Number)

(Preparer of Form - Please Print Name)

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