

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:
01/01/2009 TO 12/31/2009

TG420-09-0-R
Reliable Payphone Maintenance
1110 Little Garden Circle
Port Orange, FL 32129-5013

DEPOSIT DATE

09 7 2 DEC 24 2009

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 4773

\$ 100.00

\$ _____ E

\$ _____ P

\$ _____ I

Postmark Date 12-14-09

Initials of Preparer RA

09 DEC 23 PM 2:22
RECEIVED-FPSC

Records
NANCY
9/30/2009

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>1490.30</u>
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>1490.30</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	<u>2.98</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.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ <u>100.00</u> ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

(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) OWNER (Title) 11-25-09 (Date)

ROBERT A. HACKETT (Preparer of Form - Please Print Name) Telephone Number 386 846-9038 Fax Number (_____)

F.E.I. No. _____

DOCUMENT NUMBER DATE
12198 DEC 23 8
FPSC-COMMISSION CLERK

Date: 12/14/2009

From: Robert A. Hackett d/b/a Reliable Payphone Maintenance
PSC Certificate # 5951 **TG 420**

To: Florida Public Service Commission

Subj: Termination of Certificate # 5951, Request for
TG 420

1. It is requested that my payphone certificate # 5951 be cancelled because I am no longer in the payphone business. I removed my last four payphones on the 30th of September 2009.
2. I started in the payphone business March 1989 as a technician and lasted 20 years. It was fun while it lasted. I remember long lines at payphones and now no lines and no phones.
3. I thank you for your support and cooperation these many years.

Sincerely



Robert A. Hackett

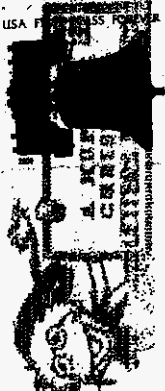
DOCUMENT NUMBER-DATE

12198 DEC 23 8

FPSC-COMMISSION CLERK

Reliable Payphone Maintenance
1110 Little Garden Circle
Port Orange, FL 32129
386 846-9088 Fax 386-756-9084

DAYTONA BEACH FL 321
14 DEC 2008 PM 2



FLORIDA PUBUC SERVICE COMMISSION
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FL 32399-0850
ATTN: FISCAL SERVICES

32399+0850

