

REQUEST TO ESTABLISH DOCKET

(Please type or print. File original *plus* 1 copy with CLK.)

RECEIVED-FPSC
10 FEB -3 AM 9:39
COMMISSION
CLERK

Date:	2/3/2010	Docket No.:	100059-TC
1. From Staff / Division:	Pruitt/ Rad		
2. OPR:	RAD/Pruitt		
3. OCR:	GCL		
4. Suggested Docket Title:	Request for cancellation of PATS Certificate No. 7470 by Larry G. Hopkins, effective December 31, 2009.		
5. Program/Module/Submodule Assignment:	B1f		
6. Suggested Docket Mail List.			
a. Provide NAMES/ACRONYMS, if registered company.		<input type="checkbox"/> Provided as an Attachment	
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):	
TG707	Larry G. Hopkins		
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)			
Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):	
7. Check one:	<input checked="" type="checkbox"/> Supporting Documentation Attached		<input type="checkbox"/> To be provided with Recommendation
Comments: move Document No. 00724-10 from 100000-OT to this docket - used as supporting documentation			

DOCUMENT NUMBER-DATE
00757 FEB-3 09
FPSC-COMMISSION CLERK

100000-07

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 02/01/2010

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

TG707-09-0-R
 Larry G. Hopkins
 1611 East Kirby Street
 Tampa, FL 33604-3419

DEPOSIT DATE
 0995 FEB 02 2010

FOR PSC USE ONLY

Check # 0987
 \$ 100.00 06-03-001
 003001
 \$ _____ E
 \$ _____ P 06-03-001
 004011
 \$ _____ I

Postmark Date 1-28-2010
 Initials of Preparer LT

PERIOD COVERED:
01/01/2009 TO 12/31/2009

Records Nancy

Please cancel this business

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)	\$ _____
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)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	_____
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>
10.	Number of pay telephones in operation at close of period covered by this Return	<u>- 0 -</u>

DOCUMENT NUMBER - DATE
 00724 FEB-10
 (2) FPSC-COMMISSION CLERK

(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.

Larry G. Hopkins (Signature of Company Official) Owner (Title) 1-27-10 (Date)

LARRY HOPKINS (Preparer of Form - Please Print Name) Telephone Number (813) 932-3689 Fax Number _____

F.E.I. No. _____

FPSC-COMMISSION CLERK