

PINNACLE PAYPHONE CORPORATION

PO BOX 490

SHARON CENTER, OHIO 44274

Tel: 330-273-9933, Fax: 330-273-9966

March 3, 2010

Florida Public Service Commission
2540 Shumard Oak Blvd
Tallahassee, FL 32399-0850

100118-TC

RECEIVED-FPSC

10 MAR 12 AM 8:57

COMMISSION
CLERK

Attn: Commission

Re: Pinnacle Payphone Corporation TG995-09-0-R

Please cancel our pay telephone service provider certification effective 12-31-09. We no longer own/operate pay telephones in Florida.

Sincerely,



Mark Higgins
President
330-416-6333

COM _____
APA _____
ECR _____
GCL _____
RAD _____
SSC _____
ADM _____
OPC _____
CLK *Nonny*

DOCUMENT NUMBER DATE

01687 MAR 12 e

FPSC-COMMISSION CLERK

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:

01/01/2009 TO 12/31/2009

(See Filing Instructions on Back of Form)

TG995-09-0-R Pinnacle Payphone Corporation P. O. Box 490 Sharon Center, OH 44374-0490	DEPOSIT DATE MAR 11 2010
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Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check #	1776
\$	100.00 06-03-001 003001
\$	E
\$	P 06-03-001 004011
\$	I
Postmark Date	3/3/10
Initials of Preparer	mm

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 2,194.12
2.	Gross Intrastate Revenue	2,194.12
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(814.17)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 1,379.95
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	\$ 2.76
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	.28
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	.06
8.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ 100.00 ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	0

(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)

Mark Higgins
 (Preparer of Form - Please Print Name)

President
 (Title)

3/3/10
 (Date)

Telephone Number 330-273-7933 Fax Number 330-273-7966

F.E.I. No. 51-0498469