

# 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)

TG531-09-0-R Com-Tech Systems 3709 Westway Street, Suite A Tyler, TX 75703-6465	100119-TC  <b>DEPOSIT DATE</b>  020 MAR 11 2010
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Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check #	59299
\$	100.00
	06-03-001 003001
\$	<del>10.00</del> E
\$	10.00 P
	06-03-001 004011
\$	2.00 I
Postmark Date	3/4/10
Initials of Preparer	LM

RECEIVED-FPSC  
 10 MAR 12 AM 8:58  
 COMMISSION CLERK

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

No Longer in business in Florida. Nancy please Cancel.

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

**COM** \_\_\_\_\_  
**APA** \_\_\_\_\_  
**ECR** \_\_\_\_\_  
**GCL** \_\_\_\_\_  
**RAD** \_\_\_\_\_  
**SSC** \_\_\_\_\_  
**ADM** \$ \_\_\_\_\_  
**OPC** \_\_\_\_\_  
**CLK** \_\_\_\_\_

CLK-N. Grant

(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 of Company Official) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Preparer of Form - Please Print Name) Telephone Number 903 509 9850 Fax Number 903 561 6873

F.E.I. No. \_\_\_\_\_  
**DOCUMENT NO. DATE**

01690 MAR 12 9  
 RECEIVED-FPSC