

120034-

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2012

Interim Pay Telephone Service Provider Regulatory Assessment Fee Return

RECEIVED-PPSC

Used for Calendar Year 2011 Only

Florida Public Service Commission

STATUS:

12 FEB -2 AM 10:16

(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

COMMISSION CLERK

TH053-11-0-R
 Kevin Rogers
 6076 Velvet Loop
 Lakeland, FL 33811-2069
 DATE DEPOSIT
 JAN 21 2012 2 2 1

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY
 Check # 3028
 \$ 100.00 06-03-001
 003001
 \$ _____ E
 \$ _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date 1-27-12
 Initials of Preparer RT

PERIOD COVERED:
01/01/2011 TO 12/31/2011

Records & Toni

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>110.00</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	Less: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(<u> </u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>110.00</u>
5.	REGULATORY ASSESSMENT FEE DUE - (Multiply Line 4 by 0.0018 If more than \$100, enter amount. If less, enter \$100.) ⁽²⁾	<u>.20</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u> </u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u> </u>
8.	Extension Payment Fee (see "4. Extension" on back)	<u> </u>
9.	TOTAL AMOUNT DUE (Add lines 5 through 8)	\$ <u>110.20</u>
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.

Kevin L. Rogers
(Signature of Company Official)

Manager
(Title)

Jan. 27, 2012
(Date)

Kevin L. Rogers
(Preparer of Form - Please Print Name)

Telephone Number Fax Number

F.E.I. No.

DOCUMENT NUMBER-DATE

00671 FEB-2 2012

FPSC-COMMISSION CLERK

January 27, 2012

Florida Public Service Commission

Attention: Commission Clerk

RE: Request for cancellation of Florida Pay Phone Certificate - TH053-10-0-R

Please be advised that I no longer own payphones in Florida. I wish to cancel my Certificate and wish to do so as of 12/31/2011.

Please advise me if you need any further information or have any questions

Thank you.



Kevin Rogers

6076 Velvet Loop

Lakeland, FL 33811

(813) 478-3479

12 JAN 31 11:24