TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2013

Pay Telephone Service Provider Regulatory Assessment Fee Return

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1	RECEIVED-FPSC Florida Public Service Comm	ission	FOR PSC USE ONLY
ALIES	2006 MM (2020 TO TO TO TO TO TO TO THE TOTAL TO SELECT THE SELECT TO THE TOTAL TO THE TOTAL SELECT THE TOTAL TO	300	Check # ~ 4 787
STATUS		of Form)	0120
Act	ual RaufiEB -8 AM STE058-12-0-R		\$ 100. 06-03-001
Est	imated Return Trinity Holdings Ltd., Inc.	A	
Am	ended Return MMISSION 7369 Shirley Avenue DATE	EPOSIT	\$E
101	CLERK Port Charlotte, FL 33948-1637	9:40. 11 h.	\$ P 06-03-001
PERIO		- 0.1	004011
7.010219001	D COVERED: 5012/31/2012 FEB 0 1 2013	301	\$
	012.10 12/31/2012	A.C.E. 131-11-1	A-80-21
PAON	A +	1/-	1-20 12
COCO		=1	Postmark Date 1-30-13
7750 i		VI 100 100	Initials of Preparer
Please Complete Below If Official Mailing Address Has Changed			
-	(Name of Company) (Address)		(City/State) (Zip)
47 11.69 %	(Address)	Carlo Bank	(City/State) (Zip)
- 1997	The state of the s	The state of the s	
LINE	A COCOL DATE OF A CONTROL TO A		ANTOLDER
NO.	ACCOUNT CLASSIFICATION	protects and	AMOUNT
1	Cross Operating Payance (Clarida)		611724-
1.	Gross Operating Revenue (Florida)		3 01 671
2.	Gross Intrastate Revenue	*	2112 -
۷.	Gross mulastate Revenue		7115
3.		18	11 / 175
	Less: Amounts Paid to Other Telecommunications Companies (1)	(see "2. Fees" on back)	(1698)
in Q			
4. TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)			
5.	REGULATORY ASSESSMENT FEE DUE - (Multiply Line 4 by 0.0	016. If more than \$100,	to the pe
· 1)	enter amount. If less, enter \$100.)		The shift
	THE POST OF THE PARTY OF THE PA	.y	
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back	The second section 1	<u> </u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	
		2 6	
8.	Extension Payment Fee (see "4. Extension" on back)		
9.	TOTAL AMOUNT DUE (Add lines 5 through 8)	f g	s 100
10.	Number of pay telephones in operation at close of period covered by th	s Return	
(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.		
-		the same and the s	in the state of th
	undersigned owner/officer of the above-named company, have read the fo		
	e information is a true and correct statement. I am aware that pursuant to		
	ement in priting with the intent to mislead a public servant in the perform	ance of his official duty s	shall be guilty of a misdemeanor of the
second de		1	0/2-/0
OM	/W/M///	Sident	<u> </u>
	(Stenature of Company Official)	(Title)	(Date)
AFD (C) (C)			
Telephone Number (1) (2) (3) (4) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7			
(Preparer of Form - Please Print Name)			
ENG FELNO. 6 5-0352257			
GCL 13 WW 35 W 31 V			
DOCUMENT WHITE			
	NO MOLE MANNON	3 —	recording Misses Helly
TEL NO MORE PARASSES - PLEASE 0767 FEB-82			
CLK NG NORE Cilings Please 20767 FEB-8=			
PSC/RAD 020 (12/11)			
Rule 25-4.0161, F.A.C. Cancel certificate FSCOMMISSION CLERK			
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