

ORIGINAL



981277-TC

RECEIVED-FPSC

99 JAN 20 AM 10: 27

Please cancel
my certification
AS I AM NO
longer in the
PAY phone
Business
Thanks Kevin
Hawthorn

RECORDS AND
REPORTING

Rick Hahn
RHR

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU later
- CTR _____
- EAG _____
- LEG 1
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE

00730 JAN 20 99

FPSC-RECORDS/REPORTING

Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

Actual Return
 Estimated Return

Florida Public Service Commission

(See Filing Instructions on Back of Form 99)

78,350 - 97 + 98

FOR PSC USE ONLY

Check# 374

\$ 50.00 0603002
 \$ 12.50 003001
 \$ 12.50 0603002
 004011

Postmark Date 1/15/99
 Initials of Preparer RR

TF600
 Kevin Russell Gallagher
 3520 East Hidden Lake Drive
 Jacksonville, FL 32216-1118
 DEPOSIT DATE
 D064 JAN 19 1999

PERIOD COVERED:
 01/01/1997 TO 12/31/1997

1/1/96 to 12/31/96

Please Complete Below if Official Mailing Address Has Changed

KEVIN GALLAGHER (Name of Company) 3520 E. Hidden Lake Dr. JAX, FL 32216 (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ <u>5,324</u>
2.	Gross Intrastate Revenue	<u>4,247</u>
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)* <u>Bellsouth + Alltel</u>	<u>(3,114)</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>1,133</u>
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	<u>50.00</u>
6.	Penalty for Late Payment	<u>12.50</u>
7.	Interest for Late Payment	<u>12.50</u>
8.	TOTAL AMOUNT DUE	\$ <u>75.00</u>

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 20



ROSE COMMUNICATIONS
 POST OFFICE BOX 550605
 JACKSONVILLE, FL 32255

374

PAY TO THE ORDER OF

Fla. Public Service Commission 1/15 99 \$ 193.50

One hundred ninety three dollars & 50/100 DOLLARS



501-618
 6622 Southpoint Drive South
 Jacksonville, Florida 32216

FOR Kevin Gallagher

Pay Telephone Service Provider Regulatory Assessment Fee Return

79.250 - 96498

STATUS:

Actual Return
 Estimated Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TF600
 Kevin Russell Gallagher
 3520 East Hidden Lake Drive
 Jacksonville, FL 32216-1118

DATE

D064 JAN 19 1999

FOR FSC USE ONLY	
Check#	324
\$	50.00 0603002
\$	12.50 003001
\$	6.00 0603002
	004011
Postmark Date	1/15/99
Initials of Preparer	RAR

PERIOD COVERED:
 01/01/1997 TO 12/31/1997

Please Complete Below if Official Mailing Address Has Changed

KEVIN GALLAGHER 3520 E. HIDDEN LAKE DR. JAX, FL 32216
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ 14,218
2.	Gross Intrastate Revenue	9,801
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)* <u>Bellsouth AND AT&T</u>	(7,007)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 2,794
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	50.00
6.	Penalty for Late Payment	12.50
7.	Interest for Late Payment	6.00
8.	TOTAL AMOUNT DUE	\$ 68.50

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 15

RICK MASCO
 RAR

*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenues for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

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 337.06, 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 Gallagher
 (Signature of Company Official)

 (Please Print Name)

President
 (Title)
1/15/99
 (Date)

Telephone Number 904 731 8018 FAA Number ()

F.E.I. No. _____

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

Actual Return
 Estimated Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

*198.50 - 96 + 92

FOR PSC USE ONLY

Check# 324

\$ 50.00 0603002
 003001
 P
 0603002
 004011
 I

Postmark Date 1/15/99
 Initials of Preparer RP

TF600
 Kevin Russell Gallagher
 3520 East Hidden Lake Drive
 Jacksonville, FL 32216-1118

DEPOSIT DATE
 D064 - JAN 19 1990

PERIOD COVERED:
 01/01/1997 TO 12/31/1997

1/1/1998 to 12/31/1998

Please Complete Below if Official Mailing Address Has Changed

KEVIN GALLAGHER (Name of Company) 3520 E. Hidden Lake DR (Address) JAX, FL 32216 (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ <u>1,348</u>
2.	Gross Intrastate Revenue	<u>6,311</u>
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	<u>(6,074)</u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>237</u>
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	<u>\$50.00</u>
6.	Penalty for Late Payment	_____
7.	Interest for Late Payment	_____
8.	TOTAL AMOUNT DUE	\$ <u>50.00</u>

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 8

RIK MASIS
RAR

*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

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 Gallagher
 (Signature of Company Official)

 (Please Print Name)

President
 (Title) 1/15/99
 (Date)

Telephone Number 904 731 8018 Fax Number ()

F.E.I. No. _____