•		hone Serve Provide	er Regulatory Assess and	
STATUS	:	Florida Pul	blic Service Commission ling Instructions and Back of Form! COMMISSION	Check# 7757
<u> </u>	Actual Return Estimated Return Amended Return	TG552 Telestar Payphones 6700 S.W. 82nd Ave	99 DEC 28 AM 8: 35	\$ 50.00 0603002 003001 \$ P 0603002 004011
	O COVERED: 1999 TO 1999	Newberry, FL 32669 DEPOSIT	DEC 2 1989	Postmark Date 12/21/39 Initials of Preparer MC
1		Please Complete Below If	Official Mailing Address Has Changed	
	(Name of Company)		(Address)	(City/State) (Zip)
LINE NO.	A(CCOUNT CLASSIFICAT	NON	AMOUNT
1.	Gross Operating	Revenue (Florida)		\$ 756.45
2.	Gross Intrastate B	147 00		
3.	LESS: Amounts (see "2. Fees" or	(433 ³⁰)		
4.	TOTAL REVEN (Line 2 less Line	\$ <u>480.15</u>		
5 .	Regulatory Assess	724		
6.	Penalty for Late	Payment (see "3. Failure	e to File by Due Date" on ba	ick)
7.	Interest for Late	Payment (see "3. Failure	e to File by Due Date" on ba	ick) ()
8.	TOTAL AMOU	NT DUE	R. Isle	\$ 50.0-
			8:1 RXK	The second secon
	AS PROVIDEI	IN SECTION 364.336 FLOR	IDA STATUTES, THE MINIMUM A	NNUAL FEE IS \$50
T	HIS FORM MUST BE	COMPLETED AND RETURNI	ED REGARDLESS OF THE AMOUN	r of revenues reported
9.	Number of pay t by this Return	elephones in operation a	t close of period covered	
* These	amounts must be intrastate on	ly and must be verifiable.		
informatio	n is a true and correct statem	ment. I am aware that pursuant to Se	read the foregoing and declare that to the ction 837.06, Florida Statutes, whoever know aty shall be guilty of a misdemeanor of the s	ingly makes a false statement in writing wit
	Stale Kills	<i>H</i> .	President	12-20-99
	(Signature of Cer	mpany Official)	(Title)	(Date)

15806-08 JATE 99
15806-08 JUNE TO STATE 99

Telephone Number (352)473-397 Fax Number (352) 473-5504

F.E.I. No.

FOR PSC USE ONLY

Check#

STATUS:

Pay Telephone Ser Le Provider Regulatory Asses. Lent Fee Return

Florida Public Service Commission
(See Filing Instructions on Back of Form)

7050

	Actual Return Estimated Return Amended Return D COVERED: 1999 TO	Newberry,	yphones 99 DEC 28 AM 8: 35 82nd Avenue MAIL ROGM EL 32669-7164 DATE DEC 23 3 190 plete Below If Official Mailing Address Has Changed	\$	0603002 003001 P 0603002 004011 Ite \[\lambda \lambda \lambda \rangle \lambda \lambda \] f Preparer \[\mathbb{MC} \]
·	(Name of Company)		(Address)	(City/State)	(Zip)
LINE		•			I DE POE
NO.					AMOUNT
1.	Gross Operating Re	\$	756: 45		
2.	Gross Intrastate Re	_	147.00		
3.	LESS: Amounts F (see "2. Fees" on	<u>(</u>	423. 30)		
ATO,	whom it may concer	- -	tory Assessment Fee Calculation	\$_	480. 15
J h	Please cancel telest and closed out all p won't plan on start guestions call steve -472-3297 - Please ective 12/31/75.	shones ing again- c wing lit	Failure to File by Due Date" or Refure to File by Due Date or Refure to File by Da	n back)	
	E WRIGHT	грионея иго	Peration at close of period covered		DOCUMENT NUMBERS NO CONTRACTOR
TAME 6700 S.E NEWBE	MY WRIGHT L 82ND AVENUE BRRY, FL 32669	Ell Service	DATE 12-21-99 63-7849/2631 \$ 50 -	vingly makes a false second degree.	edge and belief the above estatement in writing with $ \frac{13 - 30 - 99}{\text{(Date)}} $ $ 352) 473 - 5304 $