

Pay Telephone Service Provider Regulatory Assessment Fee Return

010526-TC

STATUS:

- Actual Return
- Estimated Return
- Amended Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG295
 Danny Herring
 P. O. Box 650
 Cross City, FL 32628-0650
 DEPOSIT DATE
 DEPOSIT MAY 13 2001

FOR PSC USE ONLY
 Check# 2277
 \$ 50.00 0603002
 003001
 \$ _____ P
 0603002
 004011
 \$ _____ I
 Postmark Date 5/19/01
 Initials of Preparer MC

PERIOD COVERED:
01/01/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) _____ (Address) _____ (City/State) _____ (Zip) _____

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ 0
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 0
5.	Regulatory Assessment Fee Due -- (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
	TOTAL AMOUNT DUE	\$ 0

AFP _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 LEG _____
 OPC _____
 PAI _____
 RGO _____
 SEC _____
 SER _____

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

Number of pay telephones in operation at close of period covered _____
 by this Return _____

These amounts must be intrastate only and must be verifiable.

I, the undersigned owner/office 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.

Danny Herring
 (Signature of Company Official)
Danny Herring
 (Preparer of Form - Please Print Name)

Dines _____
 (Title)
5/19/01
 (Date)
 Telephone Number 352-498-0437 Fax Number 352-498-7202

F.E.I. No. _____
 DOCUMENT NUMBER-DATE
 06073 MAY 15 2001
 FPSC-RECORDS/REPORTING

Pay Telephone Service Provider Regulatory Assessment Fee Return

D10526-TK

99 + 2000

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

RJR

- X Actual Return
Estimated Return
Amended Return

Stamp area containing: TG295, Danny Herring, P. O. Box 650, Cross City, FL 32628-0650, 2001 MAY 10 AM 10:36, DIVISION OF COMPETITIVE SERVICES, DATE, D0693, MAY 10 2001

FOR PSC USE ONLY
Check# 2277
\$ 50.00 0603002
\$ 12.50 003001
\$ 2.50 0603002 004011
Postmark Date 5/9/01
Initials of Preparer MC

PERIOD COVERED: 01/01/2000 TO 12/31/2000

Please Complete Below If Official Mailing Address Has Changed

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

Table with columns: LINE NO., ACCOUNT CLASSIFICATION, AMOUNT. Rows include: 1. Gross Operating Revenue (Florida) \$ 0, 2. Gross Intrastate Revenue, 3. LESS: Amounts Paid to Other Telecommunications Companies** (see "2. Fees" on back), 4. TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3) \$ 0, 5. Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015), 6. Penalty for Late Payment (see "3. Failure to File by Due Date" on back), 7. Interest for Late Payment (see "3. Failure to File by Due Date" on back), 8. TOTAL AMOUNT DUE \$ 0

APP:
CAF:
CMP:
COM: THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED
CTR:
ECR:
LG: Number of pay telephones in operation at close of period covered by this Return
OPC:
PAI:
RGO:
SER: These amounts must be intrastate only and must be verifiable.

OTH: 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: Pam Burbee
(Preparer of Form - Please Print Name)

Owner (Title) 5/7/01 (Date)
Telephone Number 352-498-1437 FAX Number 352-498-7202
F.B.I. No.

Danny Herring (TG295)
 Certificate No. 5830, Effective 06/30/98

Year	Fee	Penalty	Interest	Notes
1999	Paid	\$2.50	\$0.50	Company paid the RAF, but did not pay the penalty and interest.
2000	\$50.00	\$7.50	\$1.50	A total of \$59.00 is due for the 2000 RAF <u>if</u> payment is postmarked by 04/30/01. If payment is postmarked between 05/01 and 05/30/01, the penalty increases to \$10.00 and the interest increases to \$2.00, for a total due for 2000 of \$62.00.
2001	\$50.00	n/a	n/a	The 2001 fee is not due until 01/30/02. However, you may either go ahead and pay the minimum fee or provide a date certain the fee will be paid.
Total	\$100.00	\$10.00	\$2.00	Grand Total: \$112.00 if paid by 04/30. Grand Total: \$115.00 if paid between 05/01/01 and 05/30/01.