

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

D 0 6 0 0

MAY 15 2001

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check# <u>2277</u>	
\$ <u>50.00</u>	0603002
	003001
\$ _____	P
	0603002
	004011
\$ _____	I
Postmark Date <u>5/9/01</u>	
Initials of Preparer <u>MC</u>	

PERIOD COVERED:

01/01/2001 TO 12/31/2001

(Name of Company)

(Address)

(City/State)

(Zip)

LINE
NO.

ACCOUNT CLASSIFICATION

AMOUNT

1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
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)	\$ <u>0</u>
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	\$ <u>0</u>

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

PAI _____ 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/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)

(Title)

(Date)

(Preparer of Form - Please Print Name)

Telephone Number 352-498-0437 Fax Number 352-498-7202

F.E.I. No. _____

DOCUMENT NUMBER-DATE

06073 MAY 15 01

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:

X Actual Return
 _____ Estimated Return
 _____ Amended Return

PERIOD COVERED:

01/01/2000 TO 12/31/2000

TG295

Danny Herring

P. O. Box 650

Cross City, FL 32628-0650

2001 MAY 10 AM 10:36

DIVISION OF
COMPETITIVE SERVICES

DATE

D0695

MAY 10 2001

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# 2277

\$ 50.00

0603002

\$ 12.50

003001

\$ 2.50

P

0603002

004011

Postmark Date 5/9/01

Initials of Preparer MC

(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) _____
8. TOTAL AMOUNT DUE \$ 0

APP: _____

CAF: _____

CMP: _____

COM: _____

CTR: _____

ECR: _____

LIG: _____

OPC: _____

PAI: _____

RGO: _____

SER: _____

SER: _____

OTH: _____

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 0

These amounts must be intrastate only and must be verifiable.

SER: _____

SER: _____

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)

(Title)

(Date)

(Preparer of Form - Please Print Name)

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.