

010599-TC

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2001

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS.

☐ Actual Return
☐ Estimated Return
☐ Amended Return

PERIOD COVERED:
 01/06/2000 TO 12/31/2000

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

TG641
 Cross City Airport Inc.
 P. O. Box 1109
 Cross City, FL 32628-1109
 DEPOSIT DATE JUN 13 2001
 D079

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY
 Check# 8191
 \$ 50.00 0603002
 \$ 12.50 003001
 \$ 2.50 060302
 004011
 Postmark Date 6/12/01
 Initials of Preparer MC

(Name of Company)

(Address)

(City/State)

(Zip)

LINE
 NO.

ACCOUNT CLASSIFICATION

AMOUNT

1.	Gross Operating Revenue (Florida)	ORIGINAL	\$	
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)		\$	
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		\$	65.00

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

APP
 CAF
 CMP
 COM
 CTR
 ECR
 LEG
 OPC
 PAI
 RGO
 SEC
 TER

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

These amounts must be in integers 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 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.

Wanda Higgs
 (Signature of Company Official)

Manager
 (Title)

6/05/01
 (Date)

Wanda Higgs
 (Preparer of Form - Please Print Name)

Telephone Number (352) 498-3072 Fax Number (352) 498-2457

F.B.I. No. 59-220 2737

DOCUMENT NUMBER-DATE

07312 JUN 12 5

FPSC-RECORDS/REPORTING

JUN 12 PM 12:25