

REQUEST TO ESTABLISH DOCKET

(Please Type)

Date:	3/8/2006	Docket No.:	060202-TC
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1. Division Name/Staff Name:	Division Of Competitive Markets & Enforcement/Isler
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2. OPR:	Division Of The Commission Clerk And Administrative Services
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3. OCR:	Office Of The General Counsel
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4. Suggested Docket Title:	Request for cancellation of PATS Certificate No. 8036 by Thomas G Marsell d/b/a TP Industries Incorporated, effective December 31, 2005.
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5. Suggested Docket Mailing List (attach separate sheet if necessary)

A. Provide NAMES OR ACRONYMS ONLY if a regulated company.

B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

1. Parties and their representatives (if any):

2. Interested persons and their representatives (if any):

6. Check one:

Documentation is attached.

Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

02024 MAR -9 8
G:\est.doc

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

01/01/2005 TO 12/31/2005

(See Filing Instructions on Back of Form)

TG864-05-0-R
 TP Industries Incorporated
 P. O. Box 2252
 Gulf Shore, AL 36547-2252

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check # _____	
\$ _____	06-03-001 003001
\$ _____ P	06-03-001 004011
\$ _____ I	
Postmark Date _____	
Initials of Preparer _____	

No Check

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (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 0.0020)	_____
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.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$50.00)	\$ _____ ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	_____

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).

(2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

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 () Fax Number ()

F.E.I. No. _____

MCD Company Information for TG864

Printed on 03/08/2006 at 11:27:09 by PJI

Company Code: TG864
Complete Name: Thomas G Marsell d/b/a TP Industries Incorporated
Mailing Name: TP Industries Incorporated
Certificate No(s): 8036
Status: Active
Regulation Date: 03/11/2002
Bankruptcy: No
Company Liaison #1: Tom Marsell
Title: President
Mailing Address: P. O. Box 2252

Physical Location: Gulf Shore, AL 36547-2252
7571 Riverwood Drive

Phone: Foley, AL 36535-3963
(251) 978-1080
Fax: (251) 949-6469

Related Dockets:

011673-TC Application for certificate to provide pay telephone service by Tom Marsell.

020438-TC Request for name change on PATS Certificate No. 8036 from Tom Marsell to Tom Marsell d/b/a Thomas G Marsell d/b/a TP Industries Incorporated.