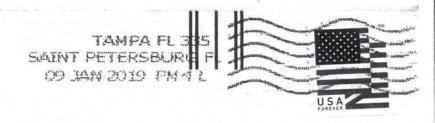
Florida Public Service Commission SC - COMMISSION CLERK STATUS: Actual Return Estimated Return Lynn E. Maxwell, Jr. 1933 Arrowhead Drive, N.E. St. Petersburg, FL 33703-1903 PERIOD COVERED: 1/1/2018 TO 12/31/2018 Please Complete Below If Official Mailing Address Has Changed (Name of Company) (Address) City/State) For PSC USE ONLY Check # 9796 \$ 1996-03-001 \$ 1000001 \$ 1. Gross Operating Revenue (Florida) LINE NO. ACCOUNT CLASSIFICATION 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. enter amount. (Florida) 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 (Add lines 5 through 8) 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) Regardiess of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$100 shall be imposed as provided in Section 364-336, (Florida Statutes.	то ave	OID PENALTY AND INTER	REST CHARGES, THE RE Pay Telephone Service	GULATORY ASSESSM e Provider Regulator	ENT FEE RETURN MUS'ry Assessment Fee Retu	T BE FILED ON OR	NO. 2	1/30/2019 0190013
STATUS: Actual Return Estimated Return JEAFG-18-T-O-R Lynn E. Maxwell, Jr. 1933 Arrowhead Drive, N.E. St. Petersburg, FL 33703-1903 PERIOD COVERED: 1/1/2018 TO 12/31/2018 DATE DEPOSIT Please Complete Below If Official Mailing Address Has Changed (Name of Company) (Name of Company) (Address) (City/State) (City/State) (Zip) LINE NO. ACCOUNT CLASSIFICATION 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) REGULATORY ASSESSMENT FEE DUE - (Multiply Line 4 by 0.0016. If more than \$100, enter amount. If less, enter \$100.) (2) 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 (Add lines 5 through 8) 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 \$100 shall be	CUMENT	NO. 00218-2019		Public Service Commi	ssion	Check #		ONLY
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	the above	information is a true and	correct statement. I an	n aware that pursuant t	to Section 837.06, Flori	da Statutes, whoev	er known	ngiy makes a
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 state	ment in writing with the	ntent to mislead a public	servant in the perform	nance of his official dut	y snall be guilty of	a misuen	neanor or the
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FLORIDA PUBLIC SERVICE COMMISSION 8 1/8/19

I Am NO Longer IN the pay Telephone Bysiness And with TO CAncel my Centificate Effective December 31, 2018. My centificate Mubber 15 2837.

> THANK YOY, LYNN E MATUREU JA. Xy & Marling

MATURELL 1933 Annow HOAD MINE NE. ST. PLETE, FL 33703



ATTN: FISCAL FLORIDA PUBLIC SERVICE COMMISSION 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-0876