

REQUEST TO ESTABLISH DOCKET
(Please Type)

Date	03-28-02	Docket No.	020276-7C
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1. Division Name/Staff Name:	CMP/Pruitt
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2. OPR:	Pruitt
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3. OCR:	
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4. Suggested Docket Title:	Request for voluntary cancellation of Pay Telephone Certificate No.5503 by Haymaker Communications, Inc., effective 3/7/02.
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5. Suggested Docket Mailing List (attach separate sheet if necessary)
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- 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):

Haymaker Communications, Inc.	

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

6. Check one:

- Documentation is attached.
- Documentation will be provided with recommendation.

ORIGINAL

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2002

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

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

*P. Isler
CCA*

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG191-01-0-R
 Haymaker Communications, Inc.
 1330 21st Way South, Suite 120
 Birmingham, AL 35205-3904
DEPOSIT. DATE
D185 MAR 07 2002

FOR PSC USE ONLY
 Check# 22628
 \$ 50.00 0603002
 \$ _____ P 003001
 _____ 0603002
 \$ _____ 004011
 Postmark Date 2/28/02
 Initials of Preparer MC

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	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0)
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)	0
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	0
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	0
	TOTAL AMOUNT DUE	\$ <u>50.00</u>

- ASUS _____
- CAF _____
- CMP Isler
- COM _____
- CTR _____
- ECR _____
- GCL _____
- QPC _____
- MMS _____
- SEC 1
- 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

* These amounts must be intrastate only and must be verifiable.

** Cancel Certificate **

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.

Richard Scraggs
(Signature of Company Official)
(Preparer of Form) (Please Print Name)

President 2-28-02
(Title) (Date)
Telephone Number 205 933-7001 Fax Number 205 933-9801
F.E.I. No. 63-0919255

DOCUMENT NUMBER-DATE
02654 MAR-7 8
FPS-COMMISSION CLERK

Pay Telephone Service Provider Regulatory Assessment Fee Return **ORIGINAL**

198,2001 + 2002 (Pym)

STATUS:
 Actual Return
 Estimated Return
 Amended Return

P. 15/er
 JCCA

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

TG191-02-0-R
 Haymaker Communications, Inc.
 1330 21st Way South, Suite 120
 Birmingham, AL 35205-3904
DEPOSIT
D 1 94 **DATE**
MAR 25 2002

FOR PSC USE ONLY
 Check# 22692
 \$ 50.00 0603002
 \$ 5.00 003001
 \$ 1.00 0603002
 004011
 Postmark Date 3/22/02 No
 Initials of Preparer MC

PERIOD COVERED:
 01/01/2002 TO 12/31/2002

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	0
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(0)
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)	50.00
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	5.00
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	1.00
8.	TOTAL AMOUNT DUE	\$ 56.00

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- 9CL _____
- OPC _____
- MMS _____
- SEC I
- 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

9CL Number of pay telephones in operation at close of period covered 0
 OPC by this Return
 MMS
 SEC I
 *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.

Richard T. Scroggs, Jr.
 (Signature of Company Official)
 (Preparer of Form - Please Print Name)

President (Title) 3-19-02 (Date)
 Telephone Number (205) 933-7001 Fax Number (205) 933-9801
 F.E.I. No. 63-0919255

DOCUMENT NUMBER - DATE
 03390 MAR 25 08
 FPSC-COMMISSION CL FRK