

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 1/6/98

Docket No. 980045-7C

1. Division Name/Staff Name

COMMUNICATIONS/Hawkins

2. OPR

3. OCR

4. Suggested Docket Title

Request for cancellation of
Pay Telephone Certificate No. 4548
by LEROY D. GAUGLER

(TF610)

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

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 the recommendation.

DOCUMENT NUMBER-DATE
~~60360~~ JAN-78
FPSC-RECORDS/REPORTING

INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/1998
Pay Telephone Service Provider Regulatory Assessment Fee Return

RECEIVED
 Florida Public Service Commission
 (See Filing Instructions on Back of Form)
 FLORIDA PUBLIC SERVICE COMMISSION

FOR PSC USE ONLY
 Check# 2067
 \$ 50.00 0603002
 003001
 \$ _____ P
 0603002
 004011
 \$ _____ I
 Postmark Date 12/31/97
 Initials of Preparer AS

STATUS:
 _____ Actual Return
 _____ Estimated Return

TF610 P173 997 632
 LeRoy D. Gaugler 98 JAN -2 AM 10:31
 1812 Willow Oak Drive MAIL ROOM
 Palm Harbor, FL 34683-4833 DEPOSIT TREAS. REC. DATE
 D681 JAN 0 5 1998

PERIOD COVERED:
 01/01/1997 TO 12/31/1997

Please Complete Below If Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	()
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	_____
7.	Interest for Late Payment	_____
8.	TOTAL AMOUNT DUE	\$ <u>0</u>

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

9. Number of pay telephones in operation at close of period covered by this Return 0

*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

THIS CERTIFICATE IS TO BE CANCELLED ACCORDING TO THE LETTER ATTACHED.
 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.

LeRoy D. Gaugler
 (Signature of Company Official)
LeROY D. GAUGLER
 (Please Print Name)

SOLE PROPRIETOR
 (Title) 12/31/97
 (Date)
 Telephone Number (813) 787-5067
 F.E.I. No. _____

Brenda Hawkins