REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

DateDecember 21, 1999	Docket No. <u>991996</u> -TC
1. Division Name/Staff Name <u>Communications/Isler</u>	
2. OPRCommunications/Isler	
3. OCR Legal Services	
4. Suggested Docket Title Request for Cancellation or	
Terry H. Moore d/b/a On Line Communications, Effective 03	/23/99
5. Suggested Docket Mailing List (attach separate sheet	if necessary)
A. Provide NAMES ONLY for regulated companies or ACRC	NYMS ONLY regulated industries,
as shown in Rule 25-22.104, F.A.C. B. Provide COMPLETE name and address for all others.	(<u>Match representatives to clients.</u>)
1. Parties and their representatives (if any)	
Terry H. Moore	
<pre>2. Interested Persons and their representatives (i</pre>	f any)
 Check one: XX Documentation is attached. 	
Documentation will be provided with re	commendation.
I:\PSC\RAR\WP\ESTDKT.	
PSC/RAR 10 (Revised 01/96)	
	DOCUMENT NUMBER-DATE
	15662 DEC 22 ន
	FPSC-RECORDS/REPORTING

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STATE OF FLORIDA

Commissioners: Joe Garcia, Chairman J. Terry Deason Susan F. Clark Julia L. Johnson E. Leon Jacobs, Jr.



DIVISION OF TELECOMMUNICATIONS WALTER D'HAESELEER DIRECTOR (850) 413-6600

Public Service Commission

September 20, 1999

Mr. Terry H. Moore, Owner On Line Communications 2016 High Vista Drive Lakeland, FL 33813-3074

Dear Mr. Moore:

This is a follow up to your recent telephone conversation with Ms. Elaine Johnson concerning your request to cancel your pay telephone certificate. According to the Commission's Division of Administration, you mailed the 1998 Regulatory Assessment Fee (RAF) form on March 18, 1999, and paid the minimum \$50 fee. However, the fee was due on or before February 1, 1999. Since you paid after the due date, there is a \$5.00 penalty and \$1.00 interest charge applicable.

In order for the Commission to grant you a voluntary cancellation of your certificate, a company must have no past due charges. As soon as we receive the \$6.00 balance, I will open a docket to cancel your certificate with an effective date of March 22, 1999, the date your \$50 payment and original request for cancellation was received. This means that you will also be responsible for the 1999 RAF. The 1999 fee will become due January 31, 2000. You have the option of going ahead and paying the fee or you can wait until the 1999 RAF notices are mailed, which will be around December 10, 1999.

Please respond by October 5, 1999. If you have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, and by internet e-mail at pisler@psc.state.fl.us.

Sincerely,

Daula Q. John

Paula J. Isler, Research Assistant Bureau of Service Evaluation & Compliance

cc: File

STATUS:	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check#
Actual Return Estimated Return	TF634 On Line Communications	S50.01 0603002 S003001 003001 S0003002 0603002
PERIOD COVERED: 01/01/1998 TO	Lakeland, FL BER 059074 DATE	\$ I
12/31/1998	D109 * MAR 2 3 1999	Postmark Date

NO.	ACCOUNT CLASSIFICATION		A	MOUNT
1.	Gross Operating Revenue		\$	0
2.	Gross Intrastate Revenue			0
3.	LESS: Amounts Paid for Services to Local Telephone C (Attach Listing)*	companies	(<u> </u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Ca (Line 2 less Line 3)	alculation	\$	0
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0	.0015)		0
6.	Penalty for Late Payment	FNED		0
7.	Interest for Late Payment RE	EIVED		0
8.	TOTAL AMOUNT DUE SEP	1 7 1999	\$	
		CMU		

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 9. by this Return

O

*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.

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) (Signature of Company Official) LY H. Moore (Please Print Name)

(Title) 3-16-99 Telephone Number (_____) 619-8202Fax Number (_____)

ERRY H. MOORE

F.E.I. No.

195C/CMU-26 (Rev. 4/98) - PLEASE CANCEL MY LICEASE

LINE



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: September 17, 1999
TO: Paula Isler, Division of Communications
FROM: Nonnye B. Grant, Division of Records and Reporting 7/2
RE: On Line Communications, (Terry H. Moore d/b/a) - TF623

Received a copy of the regulatory assessment form from Fiscal on the above company and didn't know is Jackie Knight sent you a copy or not, but am forwarding one to you for further handling. There is a note written on the bottom by the owner, Ms. Moore, stating "please cancel my license." Checked CMS and no docket has been opened to cancel the company's certificate.

Until a docket is opened and an order is issued their certificate will remain active in MCD.

Thanking you in advance for your assistance.

/nbg Attachment (1)



SEP 20 1999

CMU

	es. THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OBJEFORE 02/01/ one S vice Provider Regulatory As. sment	
STATUS:	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check#
Actual Return Estimated Return PERIOD COVERED: 01/01/1998 TO 12/31/1998	TF634 On Line Communications Derry H. Moore dha 2016 High Vista Drive Lakeland, FL BESTIGS 1074 DATE D109 MAR 2 3 1999	S 50.01 0603002 003001 P S P 0603002 004011 S I Postmark Date 21.87 Initials of Preparer B
	Please Complete Below If Official Mailing Address Has Changed	L
(Name of Company)	(Address)	(City/State) (Zip)

NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$
2.	Gross Intrastate Revenue	O
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	(<u> </u>
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	0
6.	Penalty for Late Payment	O
7.	Interest for Late Payment	00
8.	TOTAL AMOUNT DUE	\$
9.	AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS. THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUE Number of pay telephones in operation at close of period covered	

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(Please Print Name)

LINE

(Title) 3-16-99 (Date) Telephone Number (441) 619-8202 Fax Number (_____)

ERRY H. MOORE (Please Print Name)

F.E.I. No.

PSC/CMU-26 (Rev. 4/98) ->. PLEASE CANCEL My License