

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

STATUS:

☒ Actual Return
☐ Estimated Return
☐ Amended Return

Florida Public Service Commission

(See Filing Instructions for this form)

TG721-02-0-R
 David E. Adams
 3811 East Garnet Loop
 Hernando, FL 34442-3940

CC: P. Isler

PERIOD COVERED:

01/01/2002 TO 12/31/2002

FOR PSC USE ONLY

Check# 2081
 \$ 50.00 0603002
 003001
 \$ _____ P. _____
 0603002
 004011
 \$ _____ I _____
 Postmark Date 3/30/02
 Initials of Preparer mc

Please Complete Below If Official Mailing Address Has Changed

DAVID ADAMS 3811 E. Garnet Loop HERNANDO FL 34442
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(<u>0</u>)
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)	<u>0</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>0</u>
8.	TOTAL AMOUNT DUE	\$ <u>50.00</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

* 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.

US DAVID ADAMS
 AF _____
 MP _____
 OM _____
 TR _____
 CR _____
 CL _____
 PC _____
 MS _____
 EC 1
 TH _____

(Signature of Company Official)

(Preparer of Form - Please Print Name)

Owner 3-29-02
 (Title) (Date)

Telephone Number 352 341-5611 Fax Number ()

F.E.I. No. _____

DOCUMENT NUMBER-DATE

03736 APR-28

FPSC-COMMISSION CLERK

Pay Telephone Service Provider Regulatory Assessment Fee Return

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Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG721-01-0-R
 David E. Adams
 3811 East Garnet Loop
 Hernando, FL 34442-3940

cc: P. Isler

FOR PSC USE ONLY

Check# _____

\$ _____ 0603002
003001\$ _____ P
0603002
004011

\$ _____ I

Postmark Date _____

Initials of Preparer _____

PERIOD COVERED:

01/01/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

DAVID ADAMS
 (Name of Company)

3811 E. GARNET LOOP
 (Address)

HERNANDO, FL
 (City/State)

34442
 (Zip)

LINE
NO.

ACCOUNT CLASSIFICATION

AMOUNT

1.	Gross Operating Revenue (Florida)	\$ 194.55
2.	Gross Intrastate Revenue	194.55
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(381.36)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <- 186.81
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)	6.00
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	
8.	TOTAL AMOUNT DUE	\$ 56.80

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

• 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.

David Adams
 (Signature of Company Official)

Owner
 (Title)

3-29-02
 (Date)

DAVID ADAMS
 (Preparer of Form - Please Print Name)

Telephone Number 852 341-5611 Fax Number ()

F.E.I. No. _____

STATE OF FLORIDA

COMMISSIONERS:
LILA A. JABER, CHAIRMAN
J. TERRY DEASON
BRAULIO L. BAEZ
MICHAEL A. PALECKI
RUDOLPH "RUDY" BRADLEY



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

March 15, 2002

Mr. David E. Adams
3811 East Garnet Loop
Hernando, FL 34442-3940

Dear Mr. Adams:

On March 12, 2002, the Commission received a copy of the request for updated reporting requirements, along with the note "please cancel certificate." Before I can recommend a voluntary cancellation, the company must be up-to-date on its Regulatory Assessment Fees (RAFs) and comply with the Commission's cancellation rule, which provides that a company requesting cancellation must either pay the current year's RAF or provide a date certain it will be paid.

Commission records show that the 2001 RAF, which was due January 30th, has not been received. Since it is past the due date, this means the company will also owe statutory penalty and interest charges. If the company's payment is postmarked by March 31st, the 2001 RAF, plus penalty and interest charges, totals \$56.00. The penalty and interest charges continue to accrue until paid. In addition, the company owes the 2002 RAF (\$50.00) since the RAF is due if a certificate is active for any one day during a calendar year. The 2001 and 2002 RAF return forms are enclosed. The alternative is to cancel the company's certificate on the Commission's own motion and turn over the unpaid RAFs to collections.

Therefore, based on the above information, I cannot recommend a voluntary cancellation of your certificate unless the past due balance is paid and the company complies with Rule 25-24.514, Florida Administrative Code. Please respond in writing by March 31, 2002, and let me know how you wish to proceed. In the meantime, if you have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, by internet e-mail at pisler@psc.state.fl.us, or at the address below.

*Parla
this should bring
me up to date
please cancel
certificate*

*Sent without paper work
3/8 CLK#2060*

*Thanks
David Adams*

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD • TALLAHASSEE, FL 32399-0850

An Affirmative Action/Equal Opportunity Employer

PSC Website: <http://www.floridapsc.com>

Internet E-mail: contact@psc.state.fl.us

Mr. David E. Adams
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March 15, 2002

Sincerely,

A handwritten signature in cursive script, reading "Paula J. Isler". The signature is written in dark ink and is positioned above the printed name.

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosures