

971351-70

Pay Telephone Service Provider Regulatory Assessment Fee Return

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

ORIGINAL

STATUS:

Actual Return
 Estimated Return

| | |
|-----------------------------|--------------|
| TF604 | P173 997 560 |
| John Hansen Barnard | |
| 4249 Colonial Avenue | |
| Jacksonville, FL 32210-3304 | DATE |
| D688 | JAN 15 1998 |

| FOR PSC USE ONLY | |
|----------------------|---------|
| Check # | 2321 |
| \$ | 50.91 |
| | 0603002 |
| | 003001 |
| | P |
| | 0603002 |
| | 004011 |
| | I |
| Postmark Date | 1/2/98 |
| Initials of Preparer | AP |

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

Please Complete Below If Address Has Changed

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

| LINE NO. | ACCOUNT CLASSIFICATION | AMOUNT |
|----------|--|--|
| 1. | Gross Operating Revenue | \$ 900.00 |
| 2. | Gross Intrastate Revenue | ≈ 900.00 |
| 3. | LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)* | ± (300.00) |
| 4. | TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3) | \$ 600.00 |
| 5. | Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015) | .90 |
| 6. | Penalty for Late Payment | 9d |
| 7. | Interest for Late Payment | MAIL ROOM |
| 8. | TOTAL AMOUNT DUE | RECEIVED SECTION OF PUBLIC SERVICE COMMISSION JAN 16 2 28 PM '98 |

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.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to be 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: John H. Barnard (Please Print Name)
Telephone Number: (904) 388-7538
F.E.I. No. _____ DOCUMENT NUMBER-DATE
Date: 1-11-98

* PLEASE CANCEL MY CERTIFICATE

01164 JAN 21 88
FISCAL RECORDS/REPORTING