

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date March 5, 1999

Docket No. 990275-TC

1. Division Name/Staff Name Communications/Isler
2. OPR Communications/Isler
3. OCR Legal Services
4. Suggested Docket Title Request for Cancellation of PATE Certificate No. 5445 by Al Seyfer.
Effective 02/16/99

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)

<u>Al Seyfer</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

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

I:\PSC\RAR\MP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

02965 MAR-8 8

FPSC-RECORDS/REPORTING

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

Actual Return
Estimated Return

PERIOD COVERED:
01/01/1998 TO
12/31/1998

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

TG144
Al Seyfer
P. O. Box 7075
Lakeland, FL 33807-7075

FOR PSC USE ONLY	
Check#	
\$	0603002
	003001
\$	P
	0603002
\$	004011
	i
Postmark Date	
Initials of Preparer	

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	\$ _____
2.	Gross Intrastate Revenue	_____
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)	\$ _____
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	\$ _____

RECEIVED

MAR 04 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

9. Number of pay telephones in operation at close of period covered by this Return *NO Phones*

Please Close This Provider # TG144

*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)

(Title)

(Date)

(Please Print Name)

Telephone Number *941 684-1111* Fax Number ()

F.E.I. No. _____