

REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2001
One Service Provider Regulatory Assessment Fee Return

010000
ORIGINAL

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

FOR PSC USE ONLY
 Check# 108819
 \$ 50.00 0603002
 003001
 \$ _____ P
 0603002
 004011
 \$ _____ I
 Postmark Date 1/31/01
 Initials of Preparer JRC

TF995
 Florida Refuse Service, Inc. *Mailed*
 3820 Maine Avenue
 Lakeland, FL 33801-9757
 DEPOSIT DATE 1-16-01
D016 FEB 02 2001

TUS:
 Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
 01/01/2000 TO
 12/31/2000

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 (Florida)	\$ <u>50.00</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>50.00</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)	<u>.07</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	TOTAL AMOUNT DUE	\$ <u>.07</u>

JRC

01521-01



- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____

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

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER & HAS A MICROPRINTED BORDER

REGO _____
 SEC _____
 SER _____
 OTH _____

REPUBLIC SERVICES OF FLORIDA, L.P.
 D/B/A FLORIDA REFUSE SERV, 3820 MAINE AVENUE
 LAKELAND, FL 33801

NATIONSBANK OF GEORGIA, N.A.
 Atlanta, Dekalb County, Georgia

64-1278/611 108819

Date: 01/29/01 Amount: \$*****50.00

Fifty and 00/100 ----- Dollars

Check amounts over \$20,000 require two signatures

Authorized Signature: *[Signature]*
 Authorized Signature: _____

TO VIEW

119.07(1)(z), Florida Statutes: Bank account numbers or debit, charge, or credit card numbers given to an agency for the purpose of payment of any fee or debt owing are confidential and exempt from subsection (1) and s.24(a), Art. 1 of the State Constitution . . .

Florida Refuse



January 31, 2001

3820 MAINE AVENUE • LAKELAND, FLORIDA 33801-9757
TEL: 863/665-1489 • 863/294-8778 • FAX: 863/666-5882

Florida Public Service Comm.
Fiscal Services
2540 Shumard Oak Boulevard
Tallahassee, Fl. 32399-0850

RE: Company Code TF995

Dear Sir:

This letter is to notify you that we wish to cancel our certificate number TF995. Also, enclosed please find our check due for this certificate number.

Thank you for your help.

Sincerely,

Peggy Mc Guire
Accounting Department

/encl. Check and our account
classification information