

ORIGINAL

# Citrus County Telephone

RECEIVED-FPSC

04 MAR 15 AM 8:42

COMMISSION  
CLERK

3/9/2004

P.O. Box 929  
Lecanto, FL 34460  
352-249-9161

David Brown  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

Dear Sir

Per our conversation please accept this letter as notice that Citrus County Telephone will discontinue the business of pay telephones and wish to be removed from the state certificate holder list.

Thank You

*Bob Stack*

Bob Stack  
Owner, Citrus County Telephone

AUS	_____
CAF	_____
CMP	_____
COM	_____
CTR	_____
ECR	_____
GCL	_____
OPC	_____
MMS	_____
SEC	<u>  I  </u>
OTH	_____

DOCUMENT NUMBER-DA

03449 MAR 15:

FPSC-COMMISSION CLE

*Records*

# Pay Telephone Service Provider Regulatory Assessment Fee Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TG407-03-0-R  
 Citrus County Telephone, Inc.  
 P. O. Box 929  
 Lecanto, FL 34460-0929

MAY 2 11 16 2004

PERIOD COVERED:  
 01/01/2003 TO 12/31/2003

FOR PSC USE ONLY	
Check#	1441
\$	50.00
	0603002
	003001
\$	
	P
	0603002
	004011
\$	
Postmark Date	3-9-04
Initials of Preparer	RT

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)	\$ 50.00
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ 50.00
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	
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.	<b>TOTAL AMOUNT DUE</b>	\$ 50.00

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 4

\* 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.

Bob Stack  
 (Signature of Company Official)

President (Title) 3/9/04 (Date)

Bob Stack  
 (Preparer of Form - Please Print Name)

Telephone Number (352) 249-9161 Fax Number ( )

F.E.I. No. \_\_\_\_\_