

020000-44

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2002

Interexchange Company Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

P. Isler
ICA

TJ596-01-0-R
 Southeastern Services, Inc.
 1165 South 6th Street
 Macclenny, FL 32063-4620

FOR PSC USE ONLY

Check# 001820
 \$ 50.00 0603001
 \$ 12.50 003001
 \$ 4.00 P 0603001
 004011
 Postmark Date 8/30/02
 Initials of Preparer MC

PERIOD COVERED:

12/28/2001 TO 12/31/2001

DEPOSIT

DATE

cc: P. Isler

0251 SEP 06 2002
 Southeastern Services, Inc

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO. ACCOUNT CLASSIFICATION

FLORIDA GROSS OPERATING REVENUE

INTRASTATE REVENUE

- 1. Long Distance Services
- 2. Access Services
- AUS 3. Private Line Services
- CAF 4. Leased Facilities & Circuits Services
- CMP 5. Miscellaneous Services
- COM 6. TOTAL Telephone Services
- CTR 7. LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)
- ECR 8. TOTAL REVENUES For Regulatory Assessment Fee Calculation
- GCL 9. Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)
- OPC 10. Penalty for Late Payment (see "3. Failure to File by Due Date" on back)
- MMS 11. Interest for Late Payment (see "3. Failure to File by Due Date" on back)
- SEC 12. TOTAL AMOUNT DUE
- OTH 13. Other amounts must be intrastate only and must be verifiable.

\$ 0
0
0
0
0
0
0
12.50
4.00

\$ 0
0
0
0
0
0
0
66.50

DOCUMENT NUMBER-DATE
 09384 SEP-5 02

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

- Facilities-Based Carrier
- Reseller
- Call Aggregator
- Alternate-Operator Service
- Rebiller
- Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) _____ (Address: City/State/Zip) _____ (Telephone) _____
 What is the total amount of customer deposits collected? Amount: \$ 0 for 2001
 What is the total amount of bond held (if applicable)? Amount: \$ 0 Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? YES NO
 If YES, who do you lease these facilities from? Name: _____
 Address: _____

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/her duty shall be guilty of a misdemeanor of the second degree.

Mark Woods
 (Signature of Company Official)
MARK Woods
 (Preparer of Form - Please Print Name)

President (Title) 8/29/02 (Date)
 Telephone Number (704) 259-1300 Fax Number (704) 259-7606
 F.E.I. No. 59-319089384 SEP-5 02