

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

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

*Paula
 Records*

TF683-03-0-R
 Tel South Payphones
 P. O. Box 715
 Gulf Breeze, FL 32562-0715
 2003 DEC 23 AM 10:48
 DIVISION OF
 COMPETITIVE SERVICES
 0416

FOR PSC USE ONLY	
Check#	325
\$	50.00
	0603002
	003001
\$	
	P
	0603002
	004011
\$	
	I
Postmark Date	1-12-04
Initials of Preparer	RT

Please Complete Below If Official Mailing Address Has Changed

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

040051-TC

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
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 (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>50.00</u>

Business Closed
2003
 AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 SEC 1
 OTH _____
325

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 _____

* 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.

 (Signature of Company Official) (Title) (Date)

 (Preparer of Form - Please Print Name) Telephone Number () Fax Number ()
 F.E.I. No. _____

DOCUMENT NUMBER-DATE

00736 JAN 20 04

FPSC-COMMISSION CLERK