

RECEIVED-FPSC

REQUEST TO ESTABLISH DOCKET

(Please Type)

Date:

09 MAR 20 AM 10:24

Docket No.:

090143

1. Division Name/Staff Name: Division Of Regulatory Compliance/Isler

2. OPR:

3. OCR: Office Of The General Counsel

4. Suggested Docket Title: Request for cancellation of PATS Certificate No. 5418 by John Palumbo d/b/a Duck's Back Enterprises, effective March 16, 2009.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES OR ACRONYMS ONLY if a regulated company.
- B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

1. Parties and their representatives (if any):


2. Interested persons and their representatives (if any):


6. Check one:

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

DOCUMENT NUMBER-DATE

02403 MAR 20 8

FPSC-COMMISSION CLERK

Thursday, March 19, 2009

**STATE OF FLORIDA**



**PUBLIC SERVICE COMMISSION**

**2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FL 32399-0850**

**TO:**

Mr. John Palumbo

Phone: 926-4355

Fax: 926-7534

**FROM:**

Paula Isler

Phone: (850) 413-6502

Fax: (850) 413-6503

E-mail: PIsler@psc.state.fl.us

**RE:**

TG118 - John Palumbo d/b/a Duck's  
Back Enterprises

Dear Mr. Palumbo:

The Commission received your letter dated April 2, 2007, requesting cancellation of your payphone certificate. I have researched all available Commission records and cannot find where we were previously notified that you wanted to cancel your certificate. And, unfortunately, the Commission does not make cancellations retroactive. Therefore, we are unable to make it a 2007 effective date. This means that the 2008 and 2009 Regulatory Assessment Fees (RAFs) are applicable and must be paid in order to receive a voluntary cancellation. The 2008 and 2009 RAF return forms are enclosed. If payment is postmarked by March 31, 2009, the total due is \$212 (\$100 RAF for 2008, \$10 penalty for 2008, \$2 interest for 2008, \$100 RAF for 2009). If payment is postmarked between April 1 and April 30, 2009, the total due is \$218 (\$100 RAF for 2008, \$10 penalty for 2008, \$2 interest for 2008, \$100 RAF for 2009).

Thursday, March 19, 2009 - Page 2

I will open a docket to cancel the payphone certificate, but it will have an effective date of March 16, 2009, the date we received your letter. If payment of the RAFs is received by April 13, 2009, I will handle as a voluntary cancellation. If payment is not received by April 13, 2009, a recommendation will be filed to deny a voluntary cancellation and instead, staff will recommend that the certificate be cancelled on the FPSC's own motion. Unpaid fees will be turned over to collections.

I regret I do not have better news for you. Please let me know if you have any questions (my contact information is on the first page).

Paula Isler

# 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

TG118-08-0-R  
 Duck's Back Enterprises  
 P. O. Box 515  
 Crawfordville, FL 32326-0515

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check # \_\_\_\_\_

\$ \_\_\_\_\_ 06-03-001  
 \_\_\_\_\_ 003001

\$ \_\_\_\_\_ E

\$ \_\_\_\_\_ P 06-03-001  
 \_\_\_\_\_ 004011

\$ \_\_\_\_\_ I

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

**PERIOD COVERED:**  
 01/01/2008 TO 12/31/2008

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<small>(Name of Company)</small>	<small>(Address)</small>	<small>(City/State)</small>	<small>(Zip)</small>
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LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	_____
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.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	<b>TOTAL AMOUNT DUE (MINIMUM \$100.00)</b>	\$ _____ <sup>(2)</sup>
10.	Number of pay telephones in operation at close of period covered by this Return	_____

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).  
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

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.

---

<small>(Signature of Company Official)</small>	<small>(Title)</small>	<small>(Date)</small>
--	------------------------	-----------------------

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Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

**(Preparer of Form - Please Print Name)**

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

**Pay Telephone Service Provider Regulatory Assessment Fee Return**

Florida Public Service Commission

(See Filing Instructions on Back of Form)

**FOR PSC USE ONLY**

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

**PERIOD COVERED:**  
01/01/2009 TO 12/31/2009

TG118-09-0-R Duck's Back Enterprises P. O. Box 515 Crawfordville, FL 32326-0515
--

Please Complete Below If Official Mailing Address Has Changed

Check # _____	
\$ _____	06-03-001 003001
\$ _____ E	
\$ _____ P	06-03-001 004011
\$ _____ I	
Postmark Date _____	
Initials of Preparer _____	

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	_____
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.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	<b>TOTAL AMOUNT DUE (MINIMUM \$100.00)</b>	\$ _____ <sup>(2)</sup>
10.	Number of pay telephones in operation at close of period covered by this Return	_____

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).  
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

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)
---------------------------------	---------	--------

Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

**(Preparer of Form - Please Print Name)**

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

2009 MAR 16 AM 9:38  
DIVISION OF  
REGULATORY COMPLIANCE

April 2, 2007

John Palumbo  
Duck's Back Enterprises  
P.O. Box 515  
Crawfordville, FL 32326  
850-926-8057

STATE OF FLORIDA CENTER  
09 MAR 16 AM 9:16

Florida Public Service Commission

RE: Payphone Service Certificate

Please cancel my state Payphone Certificate effective immediately.

Thank you,

A handwritten signature in black ink, appearing to be 'J. Palumbo', written in a cursive style.

PT Solutions Electronics Repair  
59 Lauderdale Ln.  
Crawfordville, FL 32327

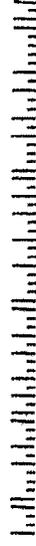
TALLAHASSEE FL 323

14 PINN 2009 PPA 1 L



FLORIDA PUBLIC SERVICE COMMISSION  
2540 SHUMARD OAK BLVD.  
TALLAHASSEE, FL 32309-0850

323399+0850



Tuesday, March 03, 2009

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FL 32399-0850

TO:

John Palumbo

Phone:

Fax: 926-7534

FROM:

Paula Isler

Phone: (850) 413-6502

Fax: (850) 413-6503

E-mail: PIsler@psc.state.fl.us

RE:

TG118 - John Palumbo d/b/a Duck's Back Enterprises

Dear Mr. Palumbo:

I had e-mailed you on February 19, 2009, explaining that delinquent notices were about to go out. A copy of the e-mail is attached. Then, I got your voice mail message on February 23<sup>rd</sup> advising that you had sent in a letter in 2007 requesting cancellation of your certificate since you had not had any payphones since 2006. I attempted to fax this since we kept playing phone tag, but it did not go through. So, I decided to mail it.

I looked at the 2006 RAF return, which was completed on February 22, 2007. There was not a letter attached nor a note on the form indicating you no longer had any phones and wanted to cancel the certificate. I then looked at the 2007 RAF return, which was completed on January 24, 2008, and again, a letter requesting cancellation was not attached.

March 3, 2009 - Page 2

Since you want to cancel your payphone certificate, we need a letter from you requesting cancellation as soon as possible. There are two types of cancellation, one is voluntary, which is granted if a company leaves in good standing and does not owe any fees. The other is involuntary, which is when a certificate is cancelled on the Commission's own motion for violation of a rule, order, or statute. The Regulatory Assessment Fee is owed if a certificate is active during any portion of a calendar year. This means that the 2008 and 2009 RAFs are applicable. Either way, the company needs to write us a letter requesting cancellation. The letter should also include its intent on payment of the 2008 and 2009 fees even if it is unable to pay the fees, it should state that in the letter.

I wish I had better news for you about the RAFs, but they cannot be waived. As soon as we receive a letter requesting cancellation of the certificate, a docket will be opened to handle the cancellation request.

I wanted to get back with you because an automatic fine is imposed if a company does not comply with the delinquent notice. According to the certified receipt, you received the delinquent notice on February 21<sup>st</sup>, which means the 2008 RAF must be postmarked by March 9<sup>th</sup> to avoid the automatic fine. Since it is coming up real soon, I wanted you to get us at least the letter requesting cancellation postmarked by Monday, March 9<sup>th</sup>.

Please let me know if you have any questions (my contact information is on the first page).

Paula Isler

**Florida Public Service Commission**

(See Filing Instructions on Back of Form)

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

**PERIOD COVERED:**  
01/01/2006 TO 12/31/2006

TG118-06-0-R Duck's Back Enterprises P.O. Box 515 Crawfordville, FL 32326-0515
<b>DEPOSIT DATE</b>  7 2 4 FEB 2 6 2007

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check # <u>3930</u>	
\$ <u>50.00</u>	06-03-001 003001
\$ _____ E	
\$ <u>2.50</u> P	06-03-001 004011
\$ _____ I	
Postmark Date <u>2/22/07</u>	
Initials of Preparer <u>RT</u>	

<small>(Name of Company)</small>	<small>(Address)</small>	<small>(City/State)</small>	<small>(Zip)</small>
----------------------------------	--------------------------	-----------------------------	----------------------

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>898.00</u>
2.	Gross Intrastate Revenue	<u>898.00</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( <u>822.00</u> )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ <u>76.00</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>2.50</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	<b>TOTAL AMOUNT DUE (MINIMUM \$50.00)</b>	\$ <u>52.50</u> <sup>(2)</sup>
10.	Number of pay telephones in operation at close of period covered by this Return	<u>2</u>

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).  
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$50 shall be imposed as provided in Section 364.336, Florida Statutes.

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)	OWNER _____ (Title)	2/22/07 _____ (Date)
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Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

(Preparer of Form - Please Print Name)

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

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2007 TO 12/31/2007

TG118-07-0-R  
 Duck's Back Enterprises  
 P. O. Box 515  
 Crawfordville, FL 32326-0515

DEPOSIT DATE:  
 806 JAN 28 2008

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 4515

\$ 4515-100.00 06-03-001 003001

\$ 100.00 E

\$ \_\_\_\_\_ P 06-03-001 004011

\$ \_\_\_\_\_ I

Postmark Date 1-24-08

Initials of Preparer RT

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>0</u>
2.	Gross Intrastate Revenue	<u>0</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( <u>0</u> )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ <u>0</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	_____
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.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	<b>TOTAL AMOUNT DUE (MINIMUM \$100.00)</b>	\$ <u>100.00</u> <sup>(2)</sup>
10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).  
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

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[Signature] \_\_\_\_\_ OWNER \_\_\_\_\_ 1/24/08  
 (Signature of Company Official) (Title) (Date)

Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

(Preparer of Form - Please Print Name)

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

**Florida Public Service Commission**

STATUS:

- Actual Return
- Estimated Return
- Amended Return

**PERIOD COVERED:**  
01/01/2008 TO 12/31/2008

(See Filing Instructions on Back of Form)

TG118-08-0-R Duck's Back Enterprises P. O. Box 515 Crawfordville, FL 32326-0515
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Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check # _____	
\$ _____	06-03-001 003001
\$ _____ E	
\$ _____ P	06-03-001 004011
\$ _____ I	
Postmark Date _____	
Initials of Preparer _____	

<small>(Name of Company)</small>	<small>(Address)</small>	<small>(City/State)</small>	<small>(Zip)</small>
----------------------------------	--------------------------	-----------------------------	----------------------

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> <i>(Line 2 less Line 3)</i>	\$ _____
5.	Regulatory Assessment Fee Due - <i>(Multiply Line 4 by 0.0020)</i>	_____
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.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	<b>TOTAL AMOUNT DUE (MINIMUM \$100.00)</b>	\$ _____ <sup>(2)</sup>
10.	Number of pay telephones in operation at close of period covered by this Return	_____

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<small>(Signature of Company Official)</small>	<small>(Title)</small>	<small>(Date)</small>
--	------------------------	-----------------------

<small>(Preparer of Form - Please Print Name)</small>	Telephone Number ( ) _____	Fax Number ( ) _____
---	----------------------------	----------------------

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

**Florida Public Service Commission**

**FOR PSC USE ONLY**

**STATUS:**

- Actual Return
- Estimated Return
- Amended Return

(See Filing Instructions on Back of Form)

TG118-09-0-R Duck's Back Enterprises P. O. Box 515 Crawfordville, FL 32326-0515
--

Check # _____	
\$ _____	06-03-001 003001
\$ _____ E	
\$ _____ P	06-03-001 004011
\$ _____ I	

**PERIOD COVERED:**  
01/01/2009 TO 12/31/2009

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies <sup>(1)</sup> (see "2. Fees" on back)	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	_____
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.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	<b>TOTAL AMOUNT DUE (MINIMUM \$100.00)</b>	\$ _____ <sup>(2)</sup>
10.	Number of pay telephones in operation at close of period covered by this Return	_____

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

Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

**(Preparer of Form - Please Print Name)**

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

1. **WHEN TO FILE:** For companies which owed a total of **\$10,000 or more** of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return is required twice a year and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, AND*

*On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of **less than \$10,000** of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before January 30 for the prior twelve-month period January 1 through December 31.*

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0020 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount on Line 3.

On Line 3, deduct any amounts paid to another telecommunications company for the use of any telecommunications network (including installation charges) to provide service to its customers. ***Do not deduct any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals.*** **DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.**

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 6). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 7). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

*When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.*

4. **EXTENSION:** A request for an extension of time up to 30 days may be made by filing the enclosed *Regulatory Assessment Fee Extension Request* form (PSC/ADM 124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due (Line 8):

0.75% of the fee to be remitted for an extension of 15 days or less, or

1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your records, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. **Make your check payable to the Florida Public Service Commission.** If you are unable to use the envelope, please address your remittance as follows:

<p>Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850</p> <p>ATTENTION: Fiscal Services</p>
--

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Regulatory Compliance at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.

## Paula Isler

---

**From:** Paula Isler  
**Sent:** Thursday, February 19, 2009 11:03 AM  
**To:** 'JPalumbo2@ducksback.com'  
**Subject:** TG118 - John Palumbo d/b/a Duck's Back Enterprises  
**Attachments:** raf-tg118-08-0-r.pdf; RAF rule.pdf

Good morning:

The Commission is getting ready to mail out delinquent notices tomorrow, February 20, 2009, to those companies that either have not paid the 2008 Regulatory Assessment Fee (RAF) or have not paid the 2008 RAF in full. Our records show that the company has not paid the 2008 RAF. I wanted to give you a heads up because those certificate holders not complying with the delinquent notices will subsequently be fined \$500 for a first offense, \$1,000 for a second offense, and \$2,000 for a third offense. A copy of the Regulatory Assessment Fee rule is attached.

If the company owes the minimum and if payment is postmarked between January 31 and March 1, the total due is \$106, which is comprised of the \$100 minimum RAF, \$5 penalty, and \$1 interest. If payment is postmarked between March 2 and March 31, the total due is \$112, which is comprised of the \$100 minimum RAF, \$10 penalty, and \$2 interest. A copy of the 2008 RAF return form is also attached. Please complete it and return it with full payment, including the late payment charges. Just as information, late payment charges (penalty and interest) continue to accrue until the RAF is paid. Thanks.

Please let me know if you have any questions.

Paula Isler  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850  
(850) 413-6502-Phone  
(850) 413-6503-Fax  
[PIsler@psc.state.fl.us](mailto:PIsler@psc.state.fl.us)

2/25/2009

## MCD Company Information for TG118

Printed on 03/17/2009 at 09:18:17 by PJI

Company Code: TG118  
Complete Name: John Palumbo d/b/a Duck's Back Enterprises  
Mailing Name: Duck's Back Enterprises  
Certificate No(s): 5418  
Status: Active  
Regulation Date: 08/13/1997  
Bankruptcy: No  
Company Liaison #1: John Palumbo  
Title: Owner  
Mailing Address: P. O. Box 515

Physical Location: Crawfordville, FL 32326-0515  
59 Lauderdale Lane

Phone: Crawfordville, FL 32327-1126  
(850) 926-4355  
Fax: 926-7534

### Related Dockets:

970731-TC Application for certificate to provide pay telephone service by  
John Palumbo d/b/a Duck's Back Enterprises.