

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 1/30/2014

**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:  
 1/1/2013 TO 12/31/2013

*Records*

TG939-13-T-0-R  
 SOUTHERN PUBLIC COMMUNICATIONS, LLC  
 13719 County Road 27  
 Fairhope AL 36532-5740

**DATE DEPOSIT**

JAN 15 2014 3 7 9

**FOR PSC USE ONLY**

Check # 1092

\$ 100.00 06-03-001  
 003001

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

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

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

Postmark Date 1-11-14  
 Initials of Preparer RR

Please Complete Below If Official Mailing Address Has Changed

Southern Public Comm. (Name of Company) 13719 St. Hwy 181 (Address) Fairhope AL (City/State) 36532 (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	
2.	Gross Intrastate Revenue	
3.		
	<b>Less:</b> 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.	<b>REGULATORY ASSESSMENT FEE DUE</b> - (Multiply Line 4 by 0.0016. If more than \$100, enter amount. If less, enter \$100.) <sup>(2)</sup>	\$ <u>100.00</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.	Extension Payment Fee (see "4. Extension" on back)	
9.	<b>TOTAL AMOUNT DUE</b> (Add lines 5 through 8)	\$ _____
10.	Number of pay telephones in operation at close of period covered by this Return	

RECEIVED - FPSC  
 JAN 14 PM 3:01  
 COMMISSION CLERK

(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.

*Sean P. Wilson* (Signature of Company Official) Owner (Title) 1-11-14 (Date)

Sean P. Wilson (Preparer of Form - Please Print Name) Telephone Number (251) 597-7001 Fax Number ( )

F.E.I. No. 420-23-7372

Please  
cancel any  
further service  
for Southern Public  
Communications  
in Florida.  
Debbi

No need to renew  
FPSC license.

DISTRIBUTION CENTER

14 JAN 14 AM 7:16