



404 West Jefferson Street
www.myquincy.net

Quincy, FL 32351
(850) 618-0030

January 29, 2015

Ms. Toni Joy Earnhart, Public Utility Analyst
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399

Dear Ms. Earnhart:

The City of Quincy has ceased to provide telephone service and I ask that you cancel Certificate # 8216 (TX868).

Should you have any questions or concerns, please call me at (850) 618-0030 ext 6776

Sincerely,

Ted Beason,
Finance Director
City of Quincy

RECEIVED FPSC
15 FEB - 4 AM 11: 15
COMMISSION
CLERK

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
 1/1/2014 TO 12/31/2014

TX686-14-T-0-R
 www.netquincy.com
 320 West Jefferson Street
 Quincy, FL 32351-2326

FEB 04 2015 5 12

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY
 Check # 997744
 \$ 600.00 06-03-001
 003001
 \$ _____ E
 \$ _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date 1-30-15
 Initials of Preparer RR

Records

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

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	\$ _____	\$ <u>na</u>
2.	Network Access Revenues	_____	
3.	Long Distance Network Services Revenues	_____	
4.	Miscellaneous Revenues	_____	
5.	TOTAL REVENUES	\$ _____	\$ _____
6.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾	_____	_____
7.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)	_____	\$ _____
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) ⁽²⁾	_____	_____
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Extension Payment Fee (see "4. Extension" on back)	_____	_____
12.	TOTAL AMOUNT DUE (Add lines 8 through 11)	_____	\$ <u>na</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 \$600 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.

Catherine Robinson (Signature of Company Official) Utilities Director (Title) 1-30-15 (Date)
Catherine Robinson (Preparer of Form - Please Print Name) Telephone Number 850 618-0030 Fax Number 866 757-4198
 F.E.I. No. 59-6000416

*As of Oct 2013
 We no longer provided services.*