



Northeast Florida Regional Airport

4796 U.S.1 North St Augustine, FL 32095
904-209-0090 904-209-0528 fax

FILED 1/4/2019
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FPSC - COMMISSION CLERK

December 18, 2018

Florida Public Service Commission
Toni McCoy
2540 Shumard Oak Blvd
Tallahassee, FL 32399-0850

RE: PATS Certificate Number 7918 Cancellation Notice

Dear Ms. McCoy,

On behalf of the St. Augustine – St. Johns County Airport Authority, please accept our request to cancel PATS Certificate Number 7918 effective 12/31/2018. Our airport no longer has payphones operating in Florida or any state for that matter.

Please feel free to contact our office should you have any questions or need additional information.

Thank you,

Cindy K. Hollingsworth
Office Manager

RECEIVED-FPSC
2019 JAN -4 AM 9:59
COMMUNICATIONS SECTION



Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
1/1/2018 TO 12/31/2018

(See Filing Instructions on Back of Form)

TG840-18-T-0-R
St. Augustine/St. Johns County Airport Authority
4796 U.S. 1 North
St. Augustine, FL 32095-5704
DATE DEPOSIT
JAN 04 2018 209

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check # 1036
\$ 100 06-03-001
003001
\$ _____ E
\$ _____ P 06-03-001
004011
\$ _____ I
Postmark Date 12-26-18
Initials of Preparer RR

Records

(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 ⁽¹⁾ (see "2. Fees" on back)	(<u>0</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>0</u>
5.	REGULATORY ASSESSMENT FEE DUE - (Multiply Line 4 by 0.0016. If more than \$100, enter amount. If less, enter \$100.) ⁽²⁾	<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.	TOTAL AMOUNT DUE (Add lines 5 through 8)	\$ <u>100.00</u>
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.

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.

Cindy Hollingsworth
(Signature of Company Official)

Office Manager
(Title)

12/18/18
(Date)

Cindy Hollingsworth
(Preparer of Form - Please Print Name)

Telephone Number 904-209-0090 Fax Number 904-209-0528

F.E.F. No. 59-1163738