

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date: March 27, 1996

Docket No. 960389-TS

1. Division Name/Staff Name: Communications/T. Williams
2. OPR: T. Williams
3. OCR: \_\_\_\_\_

4. Suggested Docket Title: Request for cancellation of Shared Tenant Service Provider Certificate No. 4013 by Jacksonville Center, Inc. (TS160).

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

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.  
B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

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 the recommendation.



# Public Service Commission

**-M-E-M-O-R-A-N-D-U-M-**



**DATE:** March 21, 1996  
**TO:** Tommy Williams, Division of Communications  
**FROM:** Nonnye Grant, Division of Records and Reporting *nb*  
**RE:** JACKSONVILLE CENTER, INC. (TS160)

Received a copy of the regulatory assessment fee return from Fiscal Division regarding a change of address for **Jacksonville Center, Inc. (TS160)**. Have made the necessary changes to their address and phone in MCD.

Now am forwarding a copy of same to you for your further handling, as it seems that they have changed their name and note that on the bottom of the form they have made a comment "never started - please cancel". According to our records no docket has been opened regarding a name change or request for cancellation.

Please check into this for us and take the necessary steps regarding opening a docket to either change their name or cancel their certificate.

Thanking you in advance for your assistance.

/nbg  
Attachment (1)

3/27/96

**Shared-Tenant Service Provider Regulatory Assessment Fee Return**

*1/16/96*

STATUS:

Actual Return  
 Estimated Return

PERIOD COVERED:  
 07/01/95 TO 12/31/95

**Florida Public Service Commission**

(See Filing Instructions on Back of Form)

TS160  
 Jacksonville Center, Inc.  
 1 Imeson Park Blvd., Building 100  
 Jacksonville, FL 32218-5605

**FOR PSC USE ONLY**

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

\$ -0- 0603003  
 003001

\$ JAF P 0603003  
 3/13/96 004010

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

Postmark Date JAF

Initials of Preparer 3/13/96

Imeson Center, Inc.  
100 NORTH TAMPA ST., SUITE 5575  
 (Name of Company)

Please Complete Below If Address Has Changed

100 NORTH TAMPA ST., SUITE 5575 TAMPA FL 33602  
 (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Intrastate Operating Revenue	\$ <u>0</u>
2.	Regulatory Assessment Fee Due (Multiply Line 1 by 0.0015)	\$ <u>0</u>
3.	LESS: APPROVED Prior-Period Overpayment	( <u>0</u> )
4.	NET REGULATORY ASSESSMENT FEE DUE	\$ <u>0</u>
5.	Penalty For Late Payment	\$ <u>0</u>
6.	Interest For Late Payment	\$ <u>0</u>
7.	TOTAL AMOUNT DUE	\$ <u>0</u>

RECEIVED  
 FLORIDA PUBLIC SERVICE COMMISSION  
 96 MAR 15 AM 10 20  
 MAIL ROOM

COPY TO  
 Kaye  
 & Donny  
 JAF

bill phone 904 696 3407  
 FAX 904 696 3151

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

8. Certificate No: \_\_\_\_\_
9. Type of switch: \_\_\_\_\_
10. Number of trunks or lines at close of period covered by this Return \_\_\_\_\_
11. Number of customers being served at close of period covered by this Return 0
12. Is company currently providing shared-tenant service: ( ) YES  NO
13. Last date service was provided to customers, if NO was checked on #12. NEVER STARTED
- PLEASE CANCEL

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]  
 (Signature of Company Official)

TIMOTHY R. SARNES  
 (Please Print Name)

SECRETARY/TREASURER  
 (Title)

3/13/96  
 (Date)

Telephone Number (813) 224-0228

F.E.I. No. 59-3288511