

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date: March 18, 1997

Docket No. 970335-77

TEW

- 1. Division Name/Staff Name: Communications/T. Williams
- 2. OPR: T. Williams
- 3. OCR: _____

4. Suggested Docket Title: Request for cancellation of interexchange telecommunications service provider Certificate No. 2982, by COMMUNICATION SOLUTIONS, INC. d/b/a CSI LONG DISTANCE (11071).

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.

TO AVOID PENALTY AND INTEREST

THE RETURN MUST BE FILED ON OR BEFORE 01/30/1997

Regulatory Assessment Fee Return

STATUS

Public Service Commission

(See Instructions on Both of Pages)

Actual Return
 Estimated Return

PERIOD COVERED

01/01/1996 TO
12/31/1996

TR071
CSI Long Distance (Communication Solutions,
Inc. d/b/a)
P. O. Box 14624
Tallahassee, FL 32317-4624

0476

01207'97

Please Complete Below If Address Has Changed

PUR-PAC USE ONLY	
Check#	4272
\$	66.22
\$	8.00
\$	1.00
Postmark Date	3/5/97
Initials of Preparer	[Signature]

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1	Long Distance Services	\$ 70,601.39	\$ 44,475.83
2	Access Services		
3	Private Line Services		
4	Leased Facilities & Circuits Services		
5	Miscellaneous Services		
6	TOTAL Telephone Services		
7	LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing)		44,475.83
8	TOTAL REVENUES For Regulatory Assessment Fee Calculation		
9	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		66.22
10	Penalty for Late Payment		8.00
11	Interest for Late Payment		1.00
12	TOTAL AMOUNT DUE		\$ 72.72

*Each amount paid by an interexchange telecommunications company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenues for purposes of determining the amount of the regulatory fee assessed the interexchange telecommunications company.

AS PROVIDED IN SECTION 364.016, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

CURRENT COMPANY STATUS

Facilities-Based Carrier Reseller Call Aggregator
 Alternate Operator Service Reseller Other **DISSOLVED CORPORATION**

BILLING INFORMATION

Complete below if billing agent if other than yourself

(Name) _____ (Address - City/State/Zip) _____ (Telephone) _____
 What is the total amount of customer deposits collected? Amount \$ _____ for 19 ____
 What is the total amount of bond held (if applicable)? Amount \$ _____ Expires _____

COMPANY INFORMATION

Do you lease telecommunications facilities? YES NO **Please dissolve the tariff**
 If YES, who do you lease these facilities from? Name _____
 Address: **CSI. This corporation was dissolved in December 1996**

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 337.06 Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Signature of Company Official: **Frank W. Wood** Title: **FORMER PRESIDENT** Date: **3/5/97**
 (Please Print Name) **FRANK W. WOOD** Telephone Number: **904, 224-4411**
 F.B.I. No: **57-3121999**