

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date: April 9, 1997

Docket No. 970446-TT

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

4. Suggested Docket Title: Cancellation by Florida Public Service Commission of TELNEX, INC. (T1042) Interexchange Telecommunications Certificate No. 2950 for violation of Rule 25-24.480(2)(a)(b), F.A.C., Records & Reports; Rule Incorporated.

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.

MEMORANDUM

February 17, 1997

TO: Tommy Williams, Division of Communications  
FROM: Nonnye Grant, Division of Records and Reporting  
RE: Returned Mail

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We have received returned mail from the United States Post Office on the following Company:

TELNEX, INC. - TI042

The Post Office returned the mail on the above Company stating the following reason(s):

\_\_\_\_\_ Addressee Unknown  
\_\_\_\_\_ Attempted - Not Known  
\_\_\_\_\_ Box Closed - No Order  
XXX Forwarding Order Expired  
\_\_\_\_\_ Insufficient Address  
\_\_\_\_\_ Moved, Left No Forwarding Address  
\_\_\_\_\_ No Forward Order on File  
\_\_\_\_\_ No Mail Receptacle/Vacant  
\_\_\_\_\_ No Such Person or Number  
\_\_\_\_\_ No Such Office in State  
\_\_\_\_\_ No Such Street  
\_\_\_\_\_ Not at this Address  
\_\_\_\_\_ Refused  
XXX Return to Sender  
\_\_\_\_\_ Unable to Forward  
\_\_\_\_\_ Unable to Locate  
\_\_\_\_\_ Unclaimed  
\_\_\_\_\_ Undeliverable as Addressed  
\_\_\_\_\_ Vacant  
\_\_\_\_\_ Verification of Address furnished by Post Office

Tel # disconnected  
3/13

Please furnish us with a current address, both for mail and location. Should you not be able to get a current address, can staff initiate proceedings to have the Company's certificate canceled?

Copy of returned envelope attached for your information.  
/nbg  
Attachment(s)

**RECEIVED**  
FEB 17 1997

FPSC-RECORDS/REPORTING

Blvd.  
32399-0870

*TI042*

RETAINED  
TO  
SENDER  
FORWARDING ORDER EXPIRED

TALLAHASSEE  
FEB 10 '97

032

TelNex, Inc.  
1915 N. Dale Mabry Highway, Suite 200  
Tampa FL 33607-2522

State of Florida  
**Public Service Commission**

2500 Shawwood Oak Boulevard  
Tallahassee, Florida 32399-0200



TELEPHONE SERVICE UNIT

46 Delroy  
17

TI042  
TelNex, Inc.  
1915 N. Dale Mabry Highway, Suite 200  
Tampa, FL 33607-2522

TELEPHONE SERVICE UNIT  
FORWARD TIME EXP RTN TO SEND ST 35  
TEL NEX INC  
1915 N DALLAS AVE  
TAMPA FL 33609-1521

33607 2522 0200



Commissioners:  
SUSAN F. CLARK, CHAIRMAN  
J. TERRY DEASON  
JULIA L. JOHNSON  
DIANE K. KIESLING  
JOE GARCIA



DIVISION OF COMMUNICATIONS  
WALTER D'HAESELEER  
DIRECTOR  
(904) 413-6600

## Public Service Commission

October 4, 1996

**CERTIFIED**

**TELNEX, INC.**

Mr. Wayne Hancock  
1915 N. Dale Mabry Highway, Suite 200  
Tampa, FL 33607-2522

RE: Returned Mail/Change of Address

Please be advised that it appears that you are in violation of Rule 25-24.480(3)(a)(b), Florida Administrative Code, Records & Reports; Rules Incorporated.

(3) Each company shall file updated information for the following items with the Division of Records and Reporting within 10 days after such changes occur.

(a) The address of the certificate holder's main corporate and Florida offices (if any) including street name and address and post office box, city, state and zip code.

(b) Telephone number, name, and address of the individual who is to serve as primary liaison with the Commission in regard to the Florida operations of the certificated company.

Please forward this information by October 15, 1996, or you may fax this information (904-413-6747) on company letter head to our Division of Records and Reporting, Ms. Nonnye Grant, or we will start proceedings to cancel your certificate.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom Williams", written over a greyed-out name label.

Thomas E. Williams, III  
Engineer  
Bureau of Service Evaluation

TEW/tew  
cc: Pruitt

**COMPANY INFORMATION**

**Location Information**

TI042 - TelNex, Inc.  
 Address line 1: 1915 N. Dale Mabry Highway, Suite 200  
 Address line 2:  
 City: Tampa State: FL Zip code: 33607-2522

**Liaison Information**

Name: Wayne Hancock  
 Title: President  
 Phone: (813) 877-1608

Name:  
 Title:  
 Phone:

FAX: (800) 879-9842  
 FAX:

**Regulation Information**

Regulation Date: 03/17/1992  
 Inactive Date:  
 Transferred To:  
 From:  
 Certificates: 2950,  
 Corporate Not  
 Type: Available  
 Services: MLD, ,

PgDn:Next = PgUp:Previous = Home:First = End:Last = F7:Print = ESC:Exit

is your **RETURN ADDRESS** completed on the reverse side?

**SENDER:**

Complete items 1 and/or 2 for additional services.  
 \*Complete items 3, 4a, and 4b.  
 \*Print your name and address on the reverse of this form so that we can return the card to you.  
 \*Attach the form to the front of the mailpiece, or on the back if space does not permit.  
 \*Write "Return Receipt Requested" on the mailpiece below the article number.  
 \*The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to:

TELNEX, INC.  
 Mr. Wayne Hancock  
 1915 N. Dale Mabry Highway  
 Suite 200  
 Tampa, FL 33607-2522

4a. Article Number

P-234-937-154

4b. Service Type

Registered

Express Mail

Return Receipt for Merchandise

COD

Certified

Insured

5. Received By: (Print Name)

Signature: (Address or Agent)  
 X *W. Hancock*

6. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

Print your name, address, and ZIP Code in this box

Florida PubliD Servid Commission  
 Capital Building Office Center  
 200 N. Howard Ave., Quarter Bldg.  
 Tallahassee, FL 32309-0850



ONU-T.VILLE/TAMS

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 City: Tampa State: FL Zip code: 33607-2522

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 Transferred To:  
 From:  
 Certificates: 2950,  
 Corporate Not  
 Type: Available  
 Services: MLD,

PgDn:Next = PgUp:Previous = Home:First = End>Last = F7:Print = ESC:Exit

Is your RETURN ADDRESS completed on the reverse side?	<b>SENDER:</b> *Complete items 1 and/or 2 for additional services. *Complete items 3, 4a, and 4b. *Print your name and address on the reverse of this form so that we can return this card to you. *Attach this form to the front of the mailpiece, or on the back if space does not allow. *If "Return Receipt Requested" on the mailpiece below the article number. *The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
	3. Article Addressed to:  TELNEX, INC. Mr. Wayne Hancock 1915 N. Dale Mabry Highway Suite 200 Tampa, FL 33607-2522	4a. Article Number P-234-957-154	Thank you for using Return Receipt Service.
	5. Received By: (Print Name)  X <i>Wayne Hancock</i>	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
	6. Signature: (Addressee or Agent)	7. Date of Delivery 10-16 8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994		Domestic Return Receipt	

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From: Nancy Pruitt  
To: Rick Moses  
Subject: TelNex, Inc.  
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-----NOTE-----10/04/96-12:29pm-----  
This company has never responded to a February Consumer Affairs inquiry. In March it was discovered that their phone and fax numbers were disconnected. In May the company was sent a certified letter. The receipt was never returned. I have received this complaint to review. Today I called the company and the number listed in MCD is still disconnected. The company code is TI042.  
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