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NAME Elliott

NAME OF COMPANY \_\_\_\_\_

ADDRESS 112 Milton Rd

CITY/STATE/ZIP: Pensacola FL 32507

PHONE # W/AREA CODE (904) 932-4977

CERTIFICATE # 4506 COMPANY CODE: **TF569**

(Answer "YES" to one of the following statements below.)

(1) I request that my certificate be cancelled and enclosed is my Regulatory Assessment Fee, penalty and interest owed to date.

(2) I am not able to submit my Regulatory Assessment Fee, penalty and interest at this time, but will submit it \_\_\_\_\_ date

Explain why you are requesting cancellation of your certificate.

I am requesting cancellation of my certificate because I am no longer in the pay telephone business.

SIGNATURE: Robert Elliott

DATE: 4-16-97

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Ms. Brenda H Hawkins, Regulatory Analyst  
FLORIDA PUBLIC SERVICE COMMISSION  
Division of Communications  
Capital Circle Office Center  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

DEPOSIT  
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DATE  
APR 29 1997

NAME: Robert Gillis Elliott

NAME OF COMPANY \_\_\_\_\_

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CITY/STATE/ZIP: Pensacola FL 32507

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