



Public Service Commission

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

DATE: March 15, 1999

TO: Blanco Bayo, Director, Division of Records and Reporting

FROM: Toni J. McCoy, Regulatory Analyst, Division of Communications

SUBJECT: Open Docket No. 980289-TC, Revise CASR Title

Please revise the CASR title for the above docket from:

Application for certificate to provide pay telephone service by Shane E. Ryan and Associates.

Change to:

Application for certificate to provide pay telephone service by Shane E. Ryan.

Attached is a letter I received from Mr. Ryan dated 3/15/99.

Thank you.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH G. Nannye

DOCUMENT NUMBER-DATE
03224 MAR 15 99
 PSC RECORDS/REPORTING

Attention: Ms. Toni McCoy

Date: 3/15/99

Company: Public Utilities Commission

Number of Pages: 1

Fax Number: 18504136533

Voice Number:

From: Shayne Ryan

Company:

Fax Number: 1-407-668-7613

Voice Number:

Subject: Request to amend application for certificate

Comments:

Please amend my request for Certificate as follows.
Change from Shayne E. Ryan and Associates to:
Shayne E. Ryan. If you have any questions, please call
immediately. I need to get this filed.

Thank you,
Shayne Ryan

P.S. Hope you are feeling better! I can relate.

1. Name of company or name of individual (not fictitious name or d/b/a):

Shayne E. Ryan

2. Name under which applicant will do business (fictitious name, etc.):

Shayne E. Ryan

3. Official mailing address:

Street: 277 Bayou Circle

P.O. Box: _____

City: DeBary

State: Florida Zip: 32713

4. Florida address:

Street: Same as Above

P.O. Box: _____

City: _____

State: _____ Zip: _____

5. Structure of organization:

Individual

Corporation

General Partnership

Limited Partnership

Other: Sole Proprietorship

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State
Corporate Registration Number: _____