

PLEASE COMPLETE THIS PAGE AND RETURN TO:

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

NAME: Jesus Vargas & Vincent Garcia

NAME OF COMPANY: _____

ADDRESS: 734 E. Memorial Blvd.

CITY/STATE/ZIP: Lakeland, FL 33801-8806

PHONE # W/AREA CODE: (941) 686-6958

CERTIFICATE #: 4479 COMPANY CODE: TF542

(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 Vincent Garcia is

no longer a partner.

RCH _____

SEE 1 _____

WAS _____

OTH _____

SIGNATURE: Jesus B Vargas DATE: 7-8-97

#970861-TC

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SIGNATURE: Jesus B Vargas DATE: 7-8-97

Dear: Ms. Hawkins

Please cancel certificate
4479/TF542. Thank you,
for your attention to this
matter.

Dandra Vargas

MAILED