





ORIGINAL

## 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.

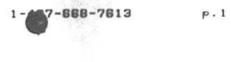
Thank you.

- ACK \_\_\_\_\_ AFA \_\_\_\_\_ APP \_\_\_\_\_
- CAF \_\_\_\_\_
- СМП -----
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LIN \_\_\_\_
- OPC \_\_\_\_\_
- RCH
- SEC \_\_\_\_
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FISC-RECORDS/REPORTING

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Attention:	Ms. Toni McCoy	Date:	3/15/99		
Company:	Public Utilities Commission	Numbe	Number of Pages: 1		
Fax Number:	18504136533				
Voice Numbe	r:				
From: S	hayne Ryan				
Company:					
Fax Number:	1-407-668-7613				
Voice Numbe	PT)				
Subject: Comments:	Request to amend application for ce	ertificate			
Change fro Shayne E.	nend my request for Certificate a om Shayne E. Ryan and Associ Ryan. If you have any question ly. I need to get this filed.	ates to:	I		
Thank you Shayne Ry					
P.S. Hope	you are feeling better! I can rel	ate.			

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

Shavne E. Ryan

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

Shavne E. Ryan

3. Official mailing address:
Street: <u>277 Bayou Circle</u>
P.O. Box: \_\_\_\_\_\_\_
City: <u>Debary</u>
State: <u>Florida</u>
Zip: <u>32713</u>
4. Florida address:
Street: <u>Same as Above</u>

P.O. Box: \_\_\_\_\_ City: State: \_\_\_\_\_ Zip: \_\_\_\_\_

Structure of organization:

(V) Individual

- () Corporation
- () General Partnership
- () Limited Partnership

() Other: Sde Proprietorship

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

Florida Secretary of State Corporate Registration Number:

Form PSC/CMU-32 (02/99) Remutred by Commission Rule Nos. 25-24.810 6 25-24.511

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