1. COOLCO

## ORIGINAL TOTAL OF ONORBEFORE 01/30/2004 CK \$100.CC

	Inter		Regulatory Assessn		turn Advance 7		
	STATUS:		Service Commission		646935-7 FOR PSC USE ONLY Check# 4370		
	Actual Return Estimated Return Amended Return	TJ682-03-0-R St. Johns Technologic 3591 South Kernan B Jacksonville, FL 322	Blvd.		\$ 50.00 06-03-001 \$ 25.00 P 06-03-001 004011		
	PERIOD COVERED: 01/01/2002/FOSP/31/2007E	Docket No. 040935-T	I (Isler)		Postmark Date 12-9-04 Initials of Preparer R		
	5 1 1 DEC 1 5 2	.UU-7 Please Complete Below	If Official Mailing Address Has C (Address)	hanged	(City/State) (Zip)		
	( talle of Company)				(Zip)		
MP .	LINE NO.         ACCOUNT CLASSIFI           1.         Long Distance Services           2.         Access Services           3.         Private Line Services	CATION	FLORIDA GROSS OPERATING F  \$ 36,191	<u> </u>	NTRASTATE REVENUE		
TR	4. Leased Facilities & Circuits So Miscellaneous Services	ervices			18 (************************************		
CR	6. TOTAL Telephone Services		s 36,191		36,191		
<b>3C1</b>	7. LESS: Amounts Paid to Other (see "2. Fees" on back)	Telecommunications Companies*			5,944		
Name of Street	<ol><li>Regulatory Assessment Fee Di</li></ol>		10 570		30,247		
AMS	<ol> <li>Interest for Late Payment (see</li> </ol>	<ul><li>"3. Failure to File by Due Date" or</li><li>"3. Failure to File by Due Date" or</li></ul>		<del></del>	68.50		
	* These amounts must be intrastate on	ly and must be verifiable.		\$	<u> </u>		
RCA SCR		) IN SECTION 364.336, FLO	DRIDA STATUTES, THE MI	NIMUM ANNUA	AL FEE IS \$50		
_	( ) Ficilities-Based Carrier	CURRE	NT COMPANY STATUS  ( ) Call Aggregator	Meakon	easing operations		
	( ) Alternate-Operator Service	( ) Rebiller	( ) Other:	W wec	to the second of		
HTC	Complete below if billing agent if other than	yourself. BILL	ING INFORMATION	effec	give izisio4		
	(Name) What is the total amount of customer deposit Amount: \$ for 19		(Address: City/State/Zip)		(Telephone) unount of bond held (if applicable)? Expires:		
	COMPANY INFORMATION  Do you lease telecommunications' facilities? () YES () NO  If YES, who do you lease these facilities from? Name:						
	Address:						
	I, the undersigned owner/officer of the al and correct statement. I am aware that pursus servant in the performance of his her duty sha	ant to Section 837.06, Florida Stati	utes, whoever knowingly makes a fa		e and belief the above information is a true ng with the intent to mislead a public		
	(Signature of Company Of	ficial)	VYTURALO	itle)	12/9/04 (Data)		
7		Inc. Us agent e Print Name)	Telephone Number (17)				
	PSC/CMP-153 (Rev. 11/11/99)	Le Ourus	1,2,1,110				

DOCUMENT NUMBER-DATE

13163 DEC 148

## COMPANY IDENTIFICATION

Printed on 12/14/2004 at 14:48:09 by RRT

CK# 6370. CKB W. 50-P

Complete Name: Kernan Associates, Ltd. d/b/a St. Johns Technologies

Mailing Name:

St. Johns Technologies

Company Code:

**TJ682** 

FEID Number:

59-3597801

12-9-04

RAF ACCOUNT FOR THE PERIOD 01/01/2002 THROUGH 12/31/2002

Reg. Date:

08/19/2002

Inactive Date:

DEPOSIT DATE

Service:

IXC - Interexchange Telephone

Received:

No RAF Form

5 1 1 DEC 1 5 2004

Status:

Pending

Amended:

No

Extension:

No

Frozen:

No

Comments:

No

Payment Count: 1 Payment Made to Date

Operating Rev:

\$0.00

Interstate Rev:

\$0.00

RAF Rate:

0.0015

Net RAF Due:

\$50.00

Assessment	Due	Paid	Owe
RAF	\$50.00	\$50.00	\$0.00
Penalty	\$12.50	\$0.00	\$12.50
Interest	\$2.50	\$0.00	\$2.50
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$65.00	\$50.00	\$15.00

Last modification was made on Tuesday, July 1, 2003 at 7:59 AM by Valorie Moore