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TALLAHASSEE, FLORIDA 32302-1567

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ROBERT M. C. ROSE  
OF COUNSEL

August 24, 2000

**VIA HAND DELIVERY**

Ralph Jaeger, Esquire  
Division of Legal Services  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0862

Re: Aloha Utilities, Inc.; PSC Docket No. 991643-SU  
Deposition of Robert C. Nixon  
Our File No. 26038.30

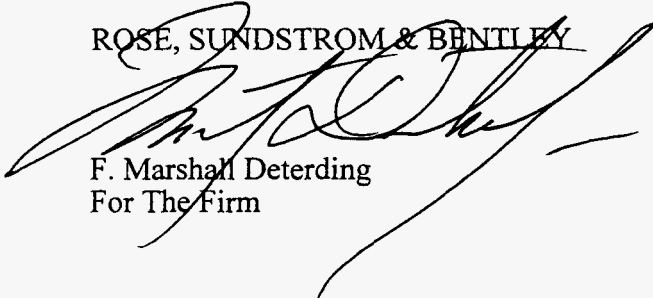
Dear Ralph:

Attached is a copy of the Exhibits 1 through 5 to the Deposition of Robert Nixon taken on August 15, 2000. By copy of this letter, I am also providing the Court Reporter a copy of these Exhibits for distribution with all copies of the Deposition itself.

If you have any questions in this regard, please let me know.

Sincerely,

ROSE, SUNDBSTROM & BENTLEY

  
F. Marshall Deterding  
For The Firm

APP \_\_\_\_\_  
CAF \_\_\_\_\_  
CMP \_\_\_\_\_ FMD/tmg  
COM \_\_\_\_\_  
CTR \_\_\_\_\_ Enclosure  
ECR \_\_\_\_\_  
LEG \_\_\_\_\_  
OPC \_\_\_\_\_ cc: Koretta E. Stanford, RPR  
PAI \_\_\_\_\_ Mr. Stephen Watford  
RGO \_\_\_\_\_ Robert C. Nixon, CPA  
SEC \_\_\_\_\_  
SER \_\_\_\_\_  
OTH \_\_\_\_\_  
loha\30\3jaeger.ltr

DOCUMENT NO.  
10409-00  
8-24-00

Aloha Utilities, Inc.  
Docket No. 991643-SU  
Late filed Deposition Exhibits of  
Robert C. Nixon

A.) Late filed exhibit 1

Please Provide derivation of 4.8112% average 5-year growth rate found in MFR Schedule F-10, Page 133.

Response: The derivation is as follows:

$$\begin{aligned} & \text{Slope of 348.6 divided by 1994 ERCs} \\ & = 348.6 / 7,245 \\ & = \underline{4.81159\%} \end{aligned}$$

B.) Late filed exhibit 2

Please provide regression output.

Response: We are unable to print or access the regression output on Excel. Apparently all of these calculations are internal with the Microsoft Regression Analysis Program.

C.) Late file exhibit 3

Please provide the number of commercial customers by meter size at September 30, 1999.

Response: See Attachment A.

D.) Late filed exhibit 4

Please provide an itemized list of miscellaneous expenses.

Response: See Attachment B.

E.) Late filed exhibit 5

Please provide an itemized list of the \$36,120 increase to miscellaneous expense.

Response: See Attachment C.

Aloha Utilities, Inc.  
PSC Late filed Exhibit 3  
Number of General Service Customers by Meter Size  
September 30, 1999

<u>Meter Size</u>	<u>No. of Customers</u>
5 / 8X3 / 4"	87
1"	21
1 1/2"	9
2"	14
3"	1
4"	2
6"	<u>4</u>
Total	<u><u>138</u></u>

Aloha Utilities, Inc.

8/10/00

	1/1/99- 9/30/99	1/1- 9/30/98	10/1-12/31/98		BK.	FL W.W.
	1999	1998		MISC.	D.E.P.	CHRGs ASSN.
775.XXX MISCELLANEOUS						
ALL FORMS MAINT	5159.70	3704.40	2196.18	11060.28	BUSHHOG & SECURITY	
AMERICAN EXPRESS	71.48			71.48		
AMERICAN EXPRESS	305.32			305.32		
ARO LOCK & KEY		386.16		386.16		
ARTHUR PRICE SEPTIC	100.00			100.00	WAITING FEE	
AT & T WIRELESS	44.09			44.09		
AWWA	335.00	101.00	620.80	1056.80	CLASSIFIED-WWTP OPERATOR	
BANK CHARGES & INT INCOME	406.27	5125.86	1611.72		7143.85	
BENEFICIAL NATIONAL BANK-COMP USA		153.88		153.88		
BIANCO, JOSEPH A.		276.18		276.18		
CLEARWATER TYPEWRITER	30.62	30.63		61.25		
CONNELLY INSURANCE CO.	1296.00			1296.00	BONDS	
CORNERSTONE CONSULTING	1081.35			1081.35	COMPUTER SUPPORT	
DEP OPERATOR CERTIFICATION	300.00		150.00	450.00		
DEPT. OF STATE	54.00	54.00		108.00	ANNUAL REPORT FILING FEE	
ECHO BLUEPRINT, INC.		89.05		89.05		
ELEC & MECH	663.79			663.79		
ETS TELECOMMUNICATIONS	192.20	310.87	96.10	599.17		
F.S.B. HOUSEHOLD BK.-COMP USA			97.66	97.66		
FEDERAL EXPRESS	125.13	30.00		171.33		
FEISCO RISK MANAGEMENT	37.78	16.20		31.05	85.03	
FIGURSKI & HARRILL	56.70			56.70	SOFTWARE LICENSE AGREEMEN	
FIREMASTER			57.96	57.96		
FL. DEPT. OF ENVIORMENTAL PROTECTION	18400.00				18400.00	
FL. WATER RESOURCES JOURNAL	513.00			513.00		
FLORIDA RURAL WATER ASSOC.	153.00	35.00		188.00		
FLORIDA WATERWORKS ASSOCIATION	1999 DUES 6660.00	7.00				6667.00
FORTNIGHTLY	47.50			47.50		
FOURNIER TRANSFORMATION	25.20			25.20		
FWPCOA	10.00			10.00		
GENERAL INSURANCE UNDERWRITERS		31.32		31.32	NOTARY-CONNIE KURISH	
GOFF COMMUNICATIONS		15.00	12.50	27.50		
GRAINGER		254.69		254.69		
HOLIDAY FLORIST	70.21	47.51	18.12	135.84		
HOUSEHOLD BANK		153.88		153.88		
IKON OFFICE SOLUTIONS	89.50		43.99	133.49		
INSURANCE INFORMATION EXCHANGE	33.85	44.59	42.73	121.17		
INTELLIGENCE NETWORK	299.46	102.60	63.80	465.86	BACKGROUND CHECKS	
INTELLIGENCE NETWORK ONLINE	121.08	132.84	51.84	305.76	BACKGROUND CHECKS	
INTERIM PERSONNEL	658.80			658.80	TEMPORARY HELP	
INTERPHASE	3032.17	109.09	689.88	3831.14	ADVERTISING	
LEXIS LAW PUBLISHING	30.49	28.48		58.97		
MEDIA GENERAL NEWSPAPERS	3705.00			3705.00	CLASSIFIED-WWTP OPERATOR	
MIKE OLSON-TAX COLLECTOR	117.15	67.50		184.65	OCCUPATIONAL LICENSES	
MIKE OLSON-TAX COLLECTOR		24.83	1017.59	1042.42	SOLID WASTE	
MODULAR MAILING	212.00			212.00		
NADA GUIDE			26.00	26.00		
NATIONS BANK	0.00			0.00		
NETWORK SOLUTIONS, INC.		12.60		12.60		
PC MAGAZINE		19.78		19.78		
PETTY CASH	54.93	77.00	43.56	175.49		
PINELLAS ELECTRIC MOTOR REPAIR			132.50	132.50	NEXT DAY AIR CHARGE	
PITNEY BOWES CREDIT CORP.	122.56	116.73	143.46	382.75		
PITNEY BOWES, INC.	78.23	164.75	265.59	508.57		

Prepared by Marion G. Vinyard

PSC Late Filed Deposition Exhibits  
Attachment B  
1 of 2

Aloha Utilities, Inc.

8/10/00

775.XXX  
MISCELLANEOUS

1/1/99- 1/1-  
9/30/99 9/30/98 10/1-12/31/98

	1999	1998	MISC.	D.E.P.	BK. CHRGs	FL W.W. ASSN.	
PRO SIGNS		126.00	126.00				
RADIO SERVICE CO.		419.69	419.69				
RADIO SHACK	24.36	9.93	34.29				
SAM'S CLUB	46.80	46.80	93.60				
SCOTTY'S CONTRACTORS SCHOOL		89.00	89.00				
SCOTTY'S		54.08	54.08				
SHELL OIL	36.34		36.34				
SPOTLESS INTENTIONS	57.60		57.60	CLEANING			
ST. EMERGENCY RESPONSE COMMISSION	86.40	86.40	172.80				
SUNCOAST FORMS & SYSTEMS, INC.		38.52	38.52				
SUNSHINE STATE ONE CALL	399.69	378.52	179.02	957.23			
SWARTSELS HARDWARE		2.43	2.43				
TERMINIX INT'L	167.92	139.98	82.81	390.71			
TRONI-TECH	375.00		375.00	ELECTRICAL REPAIR			
U.S. POSTAL SERVICE	36.00	30.60	66.60	PERMITS			
UNIFIRST CORP.	168.29		168.29	UNIFORMS			
UNIVERSITY OF FLORIDA		475.00	475.00	REGISTRATION-CHLORINE SAFE			
WATFORD, STEPHEN			141.08	REIMBURSEMENT			
ZD JOURNALS	19.50		19.50				
	46111.46	13620.37	7832.14	35353.12	18400.00	7143.85	6667.00
			10/1/98-9/30/99				
	53943.60		67563.97	52.33%	27.23%	10.57%	9.87%

PG. 54 AMT. 52721.00 15224.68 G.L. 9/30/98  
DIFF. 1222.60 1604.31

*Note: The totals under misc., DEP, Bank charges + Fla. W.W. Assn. are for the 21 months shown. Test year amounts are the sum of the amounts in the 1999 column (9 months) plus the amounts under the column 10/1-12/31/98 (3 months). Test year detail totals are \$46,111 + \$7,832 = \$53,943. per MFR's page 54, Test year total is \$52,721. This difference is \$1,222.60. This detail was prepared by hand, and the difference is immaterial.*

Aloha Utilities, Inc.  
 Analysis of Increases to Account 775  
 Miscellaneous Expenses  
 Docket No. 99166643-SU

Line No.		Balance	Explanation
1	1998 Balance adjusted for customer		
2	growth & inflation to 9-30-99	\$22,733	\$21,741 + \$992
3	Test year balance 9-30-99 (adjusted)	57,861	MFR's page 54, line 27, Col.(5)
4	Difference to explain	<u>35,128</u>	
5	Audit exceptions & disclosures	18,400	Disclosure No. 6
6	Increased expenses(1):		
7	Classified advertising- new Staff positions	956	American Waterworks Assn. (Plt. Oper.)
8	Umbrella insurance premium (3)	1,296	Connelly Insurance Co.
9	Computer support	1,081	Conerstone Consulting
10	DEP operator Certification	150	DEP
11	Misc. Maintenance	664	Elect.& Mechanical
12	Classified advertising- new Staff positions	513	Fla. Water Resources Journal
13	Trade Association Dues (2)	6,660	Fla. Waterworks Association
14	Temporary help	659	Interim Personnel
15	Classified advertising- new Staff positions	3,032	Interphase
16	Classified advertising- new Staff positions	3,705	Media General Newspaper (WWTP Oper.)
17	Misc. Maintenance	<u>375</u>	Troni-Tech (electrical repair)
18	Total explained increases	<u>\$37,491</u>	
19	Notes: (1) Copies of the invoices explaining the differences (increases) are attached.		
20	(2) All of the 1998 Florida Waterworks Association dues were misclassified to		
21	the Seven Springs Water Division.		
22	(3) This expense was miscoded and should have been in account 757		

*PSC late filed Deposition Exhibit  
 Attachment C  
 1 of 33*

0.\*

250.00+  
370.80+  
115.00+  
110.00+  
110.00+  
1,296.00+  
972.00+  
109.35+  
75.00+  
75.00+  
663.79+  
103.50+  
103.50+  
103.50+  
103.50+  
99.00+  
6,660.00+  
60.48+  
302.40+  
295.92+  
251.83+  
1,446.15+  
1,334.19+  
3,705.00+  
375.00+

025

19,090.910

18,400.00+

026

57.490.91\*

0.\*

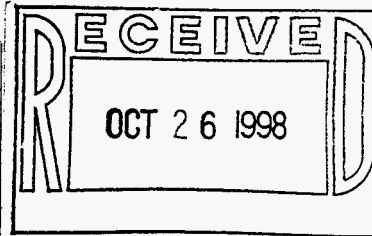
# AWWA/ Florida Section

Allen Roberts, Executive Director  
 449 NW 46th Street  
 Fort Lauderdale, Fla. 33309  
 O 954/771-6866 F 954/772-4339

# Invoice

DATE	INVOICE #
10/16/98	184

<b>BILL TO</b>
Aloha Utilities ATTN: Stephen G. Watford 2514 Aloha Place Holiday, Fl. 34691-3416



ITEM	DESCRIPTION	AMOUNT
Rate A	<p><b>1999 ANNUAL SUBSCRIPTION FEE in support of the AMERICAN WATER WORKS ASSOCIATION... FLORIDA SECTION... UTILITY COUNCIL PROGRAMS.</b></p> <p><b>Rate Structure</b>                      A. 5,000 to 25,000 Service Connections - \$500                      B. Over 25,000 Service Connections - \$1000                      C. Consultants and Others - \$500</p> <p><b>APPROVAL FOR PAYMENT</b></p> <p>I hereby personally acknowledge/attest to the company that the above described materials and/or services were actually received and/or performed in a proper/suitable condition except as noted on this invoice. In addition, I acknowledge that the unit prices and/or amounts billed are in agreement with the negotiated prices, except as noted on this invoice. The terms described on this invoice are also acceptable except as otherwise described. Any limitations or reservations I have regarding making full payment of this invoice have been properly described hereon.</p> <p>Utility Council                      Mission Statement</p> <p>To establish and initiate responses, programs, and comments that assist the Utility Council in influencing legislative and regulatory issues that will promote public health, water resource protection, and safety of drinking water, while addressing the interests of the AWWA.</p> <p>APPROVED BY: <i>[Signature]</i>                      DATE: <i>11/22</i></p> <p><i>NOV - 3 1998</i></p> <p><i>675083 - 250.00</i>  <i>775084 - 250.00</i></p>	500.00
Please make CHECK payable to "Florida Section/AWWA" and mail to above Address.		<p><b>Total</b> \$500.00</p>





AMERICAN WATER WORKS ASSOCIATION  
 Dedicated to Safe Drinking Water  
 6866 V. Quincy Avenue, Denver, CO 80235  
 P N 13 5660277

# UTILITY / ORGANIZATION MEMBERSHIP RENEWAL NOTICE

MEMBERSHIP NUMBER **021889**

THIS RENEWAL IS FOR JAN 1 1999 to JAN 1 2000

0009153 AB \*\*AUTO T2 0 1098 34691-341614 C2B

#BWNCWZH  
#021889 2#



Stephen G. Watford  
Aloha Utilities  
2514 Aloha Place  
Holiday, FL 34691-3416

Use this area to make any necessary changes and additions

OCT - 8

## APPROVAL FOR PAYMENT

I hereby personally acknowledge that the company that performed the above described materials and/or services were actually received and/or performed and proper (suitable) quantities were actually received and/or performed. In addition, I acknowledge that the unit prices and/or amounts billed are in agreement with the negotiated prices, except as noted on this invoice. The terms described on this invoice are also acceptable except as otherwise described. Any limitations or reservations I have regarding making full payment of this invoice have been properly described hereon.

APPROVED BY: [Signature]  
DATE: 11/1

Grade: 26 Utility      OPTION 1  
 Bus. Phone: 727/937-4275  
 Fax: 727/938-2853  
 e-mail: \_\_\_\_\_  
 Title: \_\_\_\_\_

Your membership card will be mailed after the required full payment is made.  
Please see the reverse for important additional information.

DEC 11 1998

Assigned AWWA Section: FLA  
  
Multi-Sections requested:

675.081 - 144.20  
675.083 - 370.80  
775.082 - 144.20  
775.084 - 370.80

### REQUIRED PAYMENT AMOUNTS

Questions? ..... Call 1-800-926-7337

AWWA Annual Dues .....	\$ 1020.00
Section Assessment .....	\$ 10.00
<b>1. REQUIRED SUBTOTAL DUE</b>	<b>\$ 1030.00</b>

### OPTIONAL PAYMENT AMOUNTS

Multi-Section Requested	
2. Fees .....	_____
3. Assessments .....	_____
4. AWWARF Contribution .....	\$ 645.00
Recommended amount to provide financial assistance to AWWA Research Foundation, ensuring that water science and technology will continue to advance in service to the public.	
5. Wolman/Larson Fund .....	\$ 1.00
Recommended amount supports four AWWA scholarships that encourage advanced training and outstanding research in the water supply field.	
6. Water For People .....	\$ 1.00
Recommended amount provides financial and volunteer assistance to help people in developing countries obtain safe drinking water.	
<b>ADD 1-6 AND PAY TOTAL (non-refundable)</b>	_____

### PAYMENT METHOD

021889

Check or money order: Make payable to AWWA

Credit Card: VISA  MASTERCARD   
 AMEX  DINERS CLUB

CC# \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

4933

TO ENSURE PROPER CREDIT, RETURN THIS PAGE WITH YOUR PAYMENT TO:



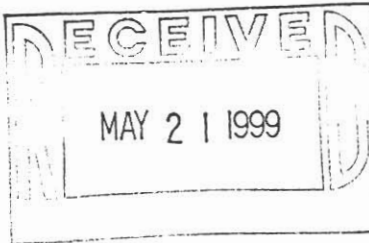
BILLING INQUIRIES 1-800-926-7337

1

# INVOICE

BILL TO:

ATTN: Accounts Payable  
Aloha Utilities  
2514 Aloha Place  
Holiday, FL 34691-3416



SHIPPED TO:

CUSTOMER NO. 021889		ORDERED BY Connie Kurish		CUSTOMER ORDER NO.	
DATE 05/19/1999	SHIPPED VIA	ORDER NO.	ORDER DATE	TELEPHONE NO. 727/937-4275	

QTY. ORDERED	QTY. SHIPPED	PRODUCT NO.	PRODUCT DESCRIPTION	UNIT PRICE	AMOUNT
1	1	003480-01	JOURNAL AWWA 05/1999 Classified Ads		
<p>FREQUENCY RATE OF 0001X Wastewater Plant Operators</p> <p>JUN - 9 1999</p> <p>46 WORDS @ \$2.50/PER GROSS AMOUNT</p>				115.00	115.00
				115.00	115.00
<p><b>APPROVAL FOR PAYMENT</b></p> <p>I hereby personally acknowledge/attest to the company that the above described materials and/or services were actually received and/or performed in a proper/suitable condition except as noted on this invoice. In addition, I acknowledge that the unit prices and/or amounts billed are in agreement with the negotiated prices, except as noted on this invoice. The terms described on this invoice are also acceptable except as otherwise described. Any limitations or reservations I have regarding making full payment of this invoice have been properly described hereon.</p> <p>APPROVED BY: <i>[Signature]</i> 725094</p> <p>DATE: <i>6/4</i></p>					

CORRESPONDENCE ADDRESS: 6666 W. QUINCY AVE. DENVER, CO 80235-3008

SUB-TOTAL	115.00
SALES TAX	
SHIPPING/HANDLING	.00
TOTAL	115.00
LESS:	
<b>TOTAL DUE</b>	<b>IN US FUNDS NET 30 DAYS</b>
	115.00

THANK YOU FOR YOUR ORDER

AD

*5433*

REMIT TO: DEPARTMENT 0064, DENVER, CO 80256-0064



BILLING INQUIRIES 1-800-926-7337

# INVOICE

1

BILL TO:

ATTN: Accounts Payable  
Aloha Utilities  
2514 Aloha Place  
Holiday, FL 34691-3416



SHIPPED TO:

CUSTOMER NO.		ORDERED BY		CUSTOMER ORDER NO.	
D 021889		GOMVA			
SHIP TO		ORDER NO.	ORDER DATE	TELEPHONE NO.	

QTY. ORDERED	QTY. SHIPPED	PRODUCT NO.	PRODUCT DESCRIPTION	UNIT PRICE	AMOUNT
1	1	003480-02	JOURNAL AWWA 07/1999 Classified Ads		
<p>FREQUENCY RATE OF 0001X Wastewater Plant Operators</p> <p>AUG 10 1999</p> <p>44 WORDS @ \$2.50/PER GROSS AMOUNT</p> <p>110.00 110.00</p>					
<p><b>APPROVAL FOR PAYMENT</b></p> <p>I hereby personally acknowledge/attest to the company that the above described materials and/or services were actually received and/or performed in a proper/suitable condition except as noted on this invoice. In addition, I acknowledge that the unit prices and/or amounts billed are in agreement with the negotiated prices, except as noted on this invoice. The terms described on this invoice are also acceptable except as otherwise described. Any limitations or reservations I have regarding making full payment of this invoice have been properly described hereon.</p> <p style="text-align: right; font-size: 2em;">775,084</p>					

CORRESPONDENCE ADDRESS: 6666 W. QUINCY AVE. DENVER, CO 80235-3098

APPROVED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

SUB-TOTAL	110.00
SALES TAX	
SHIPPING/HANDLING	.00
TOTAL	110.00
LESS:	
<b>TOTAL DUE</b>	<b>IN US FUNDS NET 30 DAYS</b>
	110.00

THANK YOU FOR YOUR ORDER

60f33

REMIT TO: DEPARTMENT 0064, DENVER, CO 80256-0064





BILLING INQUIRIES 1-800-926-7337

1

# INVOICE

BILL TO:

ATTN: Accounts Payable  
Aloha Utilities  
2514 Aloha Place  
Holiday, FL 34691-3416

SHIPPED TO:



CUSTOMER NO. <b>021889</b>		ORDERED BY <b>Connie Kurish</b>		CUSTOMER ORDER NO.	
DATE <b>08/16/1999</b>	SHIPPED VIA	ORDER NO.	ORDER DATE	TELEPHONE NO. <b>727/937-4275</b>	

QTY. ORDERED	QTY. SHIPPED	PRODUCT NO.	PRODUCT DESCRIPTION	UNIT PRICE	AMOUNT
1	1	003480-03	JOURNAL AWWA 08/1999 Classified Ads		
<p>FREQUENCY RATE OF 0001X Wastewater Plant Operators</p> <p>44 WORDS @ \$2.50/PER GROSS AMOUNT</p>				110.00	110.00
				110.00	110.00

**INVOICE**  
**APPROVAL FOR PAYMENT**

SEP - 8 1999

I hereby personally acknowledge/attest to the company that the above described materials and/or services were actually received and/or performed in a proper/suitable condition except as noted on this invoice. In addition, I acknowledge that the unit prices and/or amounts billed are in agreement with the negotiated prices, except as noted on this invoice. The terms described on this invoice are also acceptable except as otherwise described. Any limitations or reservations I have regarding making full payment of this invoice have been properly described hereon.

APPROVED BY: *[Signature]* 775.084  
DATE: *9/2*

CORRESPONDENCE ADDRESS: 6666 W. QUINCY AVE. DENVER, CO 80235-3098

SUB-TOTAL	110.00
SALES TAX	
SHIPPING/HANDLING	.00
TOTAL	110.00
LESS:	
TOTAL DUE	IN US FUNDS NET 30 DAYS 110.00

THANK YOU FOR YOUR ORDER

AD

*7 of 33*

REMIT TO: DEPARTMENT 0064, DENVER, CO 80256-0064

**The Connelly Insurance Group**  
P.O. Box 2456  
Clearwater, FL 33757-2456  
Phone : 727-461-6044 Fax : 727-442-7695

**INVOICE # 19157**

Page 1

ACCOUNT NO. ALOHA-1 CSR AH DATE 01/05/99

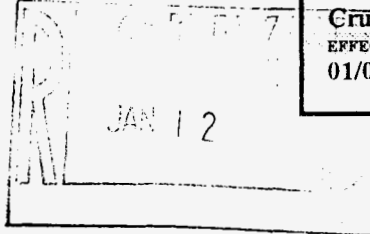
Umbrella (9/91)

POLICY# 553 058062

COMPANY **Crum & Forster Insurance**

EFFECTIVE 01/01/99 EXPIRATION 01/01/00 BALANCE DUE ON 01/01/99

**Aloha Utilities, Inc.**  
Stephen G. Watford  
2514 Aloha Place  
Holiday, FL 34691



Item #	Due Date	Trn	Type	Description	Amount
177582	01/01/99	REN	UM-S	Policy renewal-Umbrella	\$ 3,600.00
Invoice Balance:					\$ 3,600.00

JAN 22 1999

**APPROVAL FOR PAYMENT**

I hereby personally acknowledge/attest to the company that the above described materials and/or services were actually received and/or performed in a proper/suitable condition except as noted on this invoice. In addition, I acknowledge that the unit prices and/or amounts billed are in agreement with the associated prices, except as noted on this invoice. The terms described on this invoice are also acceptable except as otherwise described. Any limitations or reservations I have regarding making full payment of this invoice have been properly described hereon.

657.081 - 504.00  
657.083 - 1296.00  
757.082 - 504.00  
757.084 - 1296.00

APPROVED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

Please remit payment by due date & enclose invoice-payable to: Connelly Insurance Group. Our Area code changed to "727".



One Prestige Place  
 2600 McCormick Drive-Suite 210  
 Clearwater, FL 33759  
 Telephone: 727/791-3410  
 Fax: 727-796-9513  
 www.cornerstone1.com

# Invoice 20592

Due Upon Receipt Please

**Bill To:**

**Ship To:**

Aloha Utilities, Inc.  
 2514 Aloha Place  
 Holiday, FL 34691

Aloha Utilities, Inc.  
 2514 Aloha Place  
 Holiday, FL 34691

*Your Number 1 Source for Electronic Commerce Development!*

Date		Ship Via	F.O.B.	Terms	
08/19/99			Origin	Due Upon Receipt	
Customer #	Purchase Order Number	Order Date	Salesperson	Our Order Number	
AL0001	SUPPORT AGMT RENEWAL	08/19/99	LD	18706	
Qty	Item/Date	Description	Tax	Unit Price	Amount
20.00	CONTR	Support Agreement Renewal	N	135.00	2700.00
		675081 - 378.00			
		675083 - 972.00			
		775082 - 378.00			
		775084 - 972.00			

NOTE: SUPPORT AGREEMENT  
 + 20.00 Hours This Invoice

THANK YOU FOR YOUR BUSINESS!!

Please Note: Any Hardware or Software listed above shall remain the property of Cornerstone Consulting, Inc. until this invoice is Paid in Full.

NonTaxable Subtotal	2700.00
Taxable Subtotal	0.00
Tax (6.000%)	0.00
<b>Total Invoice</b>	<b>2700.00</b>

*9 of 33*



STATEMENT OF ACCOUNT

Cornerstone Consulting, Inc.  
 One Prestige Place  
 2600 McCormick Drive-Suite 210  
 Clearwater, FL 33759  
 Telephone 727/791-3410

Statement Date	Account No
09/16/99	ALO001

Bill To :

Aloha Utilities, Inc.  
 2514 Aloha Place  
 Holiday, FL 34691

Check No. \_\_\_\_\_  
 Date Paid \_\_\_\_\_  
 Amount \_\_\_\_\_

Transaction Date	Invoice Number	Description	Amount	Balance	
08/31/99	20633	ONSITE SUPPORT	742.50	303.75	
OCT - 9 1999					
Current	Over 30	Over 60	Over 90	Over 120	Total
303.75	0.00	0.00	0.00	0.00	303.75

PLEASE NOTE our sincere THANKS for the opportunity to do business with you. We deeply appreciate the trust placed in us and we hope we can continue to be of service to your organization.

THANK YOU FOR YOUR BUSINESS!

Please detach and return with payment

Aloha Utilities, Inc.  
 2514 Aloha Place  
 Holiday, FL 34691

Amount Enclosed
-----------------

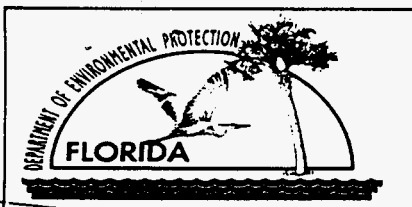
Remit To:

Cornerstone Consulting, Inc.  
 One Prestige Place  
 2600 McCormick Drive-Suite 210  
 Clearwater, FL 33759

675,081 - 42.53  
 675,083 - 109.35  
 775,082 - 42.52  
 775,084 - 109.35

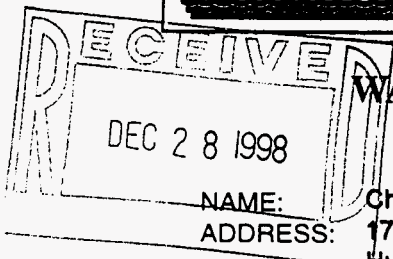
10 of 33

Statement Date	Account No
09/16/99	ALO001
Invoice No.	Balance
20633	303.75



Department of Environmental Protection

Drinking Water Funding Section
Operator Certification Program
Post Office Box 3070
Tallahassee, Florida 32399-2400
(850) 921-4019



WATER/WASTEWATER OPERATOR CERTIFICATION RENEWAL FORM

NAME: Charles P. Painter
ADDRESS: 17413 Harmony Dr
Hudson, FL 34667-4947

S.S.N.
PHONE:
LICENSE: WW 0008921

Your license will expire February 28, 1999. The fee for renewal is \$75.00. To expedite your renewal, please submit the fee and this form upon its receipt, and allow at least four to six weeks for delivery. The DEP Operator Certification Program sends notices and issues licenses to over 10,000 operators. Please allow at least six weeks before initiating calls to confirm the receipt of fees or the status of your license.

A late fee of \$50.00 is required for any renewal postmarked after February 28, 1999 (total of \$125.00) before a license is renewed. Make check or money order out to: DEP Operator Certification.

Name changes require legal documentation showing name change. An original or copy of an original document which shows the legal name change is acceptable unless the Department has a question about the authenticity of the document or if there is any question regarding another matter related to the application.

Each licensee is solely responsible for notifying the Operator Certification Program in writing of the licensee's current mailing address. If any of the information above is incorrect or missing, please provide the correct information in the space below.

PLEASE TYPE OR PRINT LEGIBLY

Full Name: \_\_\_\_\_ JAN - 8 1999
Address: \_\_\_\_\_ Apt. #/Inmate # \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone: (727) 862-9190 S.S.N. \_\_\_\_\_
License: \_\_\_\_\_ JAN 19 1999
Type Level License Number

I have read the above and certify that any changes are correct.

Licensee's signature: [Handwritten Signature]

APPROVAL FOR PAYMENT

Table with 7 columns: For Department, Org.Code/E.O./Fund, Category, Form Name, Fee, Receipt #, Payment. Row 1: Use Only, 37352030000/86/780001, 002192, Oper. Cert. Renewal, \$75.00, [blank], [blank]

775.084

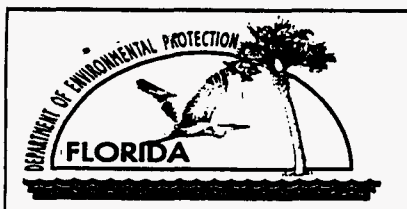


11 of 33

I hereby personally acknowledge/attest to the company that the above described materials and/or services were actually received and/or performed in a proper/suitable condition except as noted on this invoice. In addition, I acknowledge that the unit price and/or amount billed is in agreement with the negotiated prices, except as noted on this invoice. The terms described on this invoice are also acceptable except as otherwise described. Any limitations or reservations I have concerning making full payment of this invoice have been properly described hereon.

APPROVED BY: [Signature]
DATE: 1/6





**Department of  
Environmental Protection**

Drinking Water Funding Section  
Operator Certification Program  
Post Office Box 3070  
Tallahassee, Florida 32399-2400  
(850) 921-4019

**WATER/WASTEWATER OPERATOR CERTIFICATION  
RENEWAL FORM**

NAME: Keith C. Schneider  
ADDRESS: 13704 Maria Dr  
Hudson, FL 34667-4521

S.S.N. 362563876  
PHONE:  
LICENSE: WW 0009767

Your license will expire February 28, 1999. The fee for renewal is \$75.00. To expedite your renewal, please submit the fee and this form upon its receipt, and allow at least four to six weeks for delivery. The DEP Operator Certification Program sends notices and issues licenses to over 10,000 operators. **Please allow at least six weeks before initiating calls to confirm the receipt of fees or the status of your license.**

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Name changes require legal documentation showing name change. An original or copy of an original document which shows the legal name change is acceptable unless the Department has a question about the authenticity of the document or if there is any question regarding another matter related to the application.

Each licensee is solely responsible for notifying the Operator Certification Program in writing of the licensee's current mailing address. If any of the information above is incorrect or missing, please provide the correct information in the space below.

PLEASE TYPE OR PRINT LEGIBLY

JAN - 9 1999

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #/Inmate # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_

License: \_\_\_\_\_ Type \_\_\_\_\_ Level \_\_\_\_\_ License Number \_\_\_\_\_

**APPROVAL FOR PAYMENT**

JAN 19 1999

I hereby personally acknowledge/witness to the company that the above described materials and/or services were actually received and/or performed S.S.N. \_\_\_\_\_ In addition, the \_\_\_\_\_ and/or amounts billed are in agreement with the \_\_\_\_\_ except as noted on this invoice. The \_\_\_\_\_ and/or amounts billed are in agreement with the \_\_\_\_\_ except as otherwise noted. Any limitations or reservations I have regarding making full payment of this invoice have been properly described hereon.

I have read the above and certify that any changes are correct.

APPROVED BY: \_\_\_\_\_

Licensee's signature: \_\_\_\_\_

DATE: \_\_\_\_\_

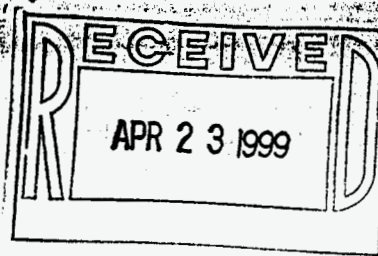
1/6/99 775.084

For Department	Org.Code/E.O./Fund	Category	Form Name	Fee	Receipt #	Payment
Use Only	37352030000/86/780001	002192	Oper. Cert. Renewal	\$75.00		



Electrical & Mechanical Services, Inc.  
 7906 J. Clark Moody Blvd.  
 Port Richey, FL 34668

# Invoice



DATE: 4/21/99  
 INVOICE #: 8980

**BILL TO:**

Aloha Utilities  
 2514 Aloha Place  
 Holiday, FL. 34691  
 LS # 4- Sunray

P.O. NUMBER      TERMS      PROJECT

# 92958

Net 30

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Bearing	36.96	36.96
	Bearing	16.11	16.11
	Seal Pac	34.20	34.20
	Oil	22.56	22.56
	Oil disposal	1.50	1.50
	Paint	4.39	4.39
25	10/4 cord	1.08	27.00
	Motor Rewind	191.00	191.00
9	Shop Labor	32.50	292.50
	Sales Tax	MAY 1 1 1999 6.00%	37.57

## APPROVAL FOR PAYMENT

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APPROVED BY: AK [Signature] 775-044

DATE: 4/26/99

**TOTAL**      \$663.79

13 of 33

# Florida Water Resources Journal

OFFICIAL PUBLICATION OF —

FLORIDA WATER & POLLUTION CONTROL OPERATORS ASSOCIATION  
FLORIDA SECTION, AMERICAN WATER WORKS ASSOCIATION  
FLORIDA POLLUTION CONTROL ASSOCIATION



**John D. Crane, P.E.**  
**Managing Editor**

Tel 352-374-4946 • Fax 352-372-6229

To: Ms. Connie Kurish  
Aloha Utilities, Inc.  
2514 Aloha Place  
Holiday, FL 34691

MAY - 3

FOR YOUR INFORMATION, THIS IS A COPY OF INVOICE PREVIOUSLY SENT. IF IT HAS ALREADY BEEN PAID, PLEASE IGNORE.

## INVOICE

Date 4/1/99

Issue May99

Invoice Number: 3431CX9905

Your Purchase Order: fax 3/30/99

Item		
ww operators 345 char @30¢		\$103.50
		\$0.00
		\$0.00
		\$0.00
		\$0.00

### APPROVAL FOR PAYMENT

Total due this invoice

\$103.50

MAY 11 1999

I hereby personally acknowledge/attest to the company that the above described materials and/or services were actually received and/or performed in a proper/suitable condition except as noted on this invoice. In addition, I acknowledge that the unit prices and/or amounts billed are in agreement with the negotiated prices, except as noted on this invoice. The terms described on this invoice are also acceptable except as otherwise described. Any limitations or reservations I have regarding making full payment of this invoice have been properly described hereon.

APPROVED BY: [Signature] 775054

DATE: 5/19

Please make checks payable to: **Florida Water Resources Journal**  
**5200 NW 43 St. #102-301**  
**Gainesville, FL 32606**

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Fed ID 59-2954170

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# Florida Water Resources Journal

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FLORIDA SECTION, AMERICAN WATER WORKS ASSOCIATION  
FLORIDA POLLUTION CONTROL ASSOCIATION



**John D. Crane, P.E.**  
**Managing Editor**

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Aloha Utilities, Inc.  
2514 Aloha Place  
Holiday, FL 34691

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## INVOICE

Date 6/8/99

Issue Jul99

Invoice Number: 3431CX9907

Your Purchase Order: tel 6/999 run to

JUL - 6 1999

Item	Quantity	Unit Price	Total
ww operators	345	char @30¢	\$103.50
			\$0.00
			\$0.00
			\$0.00
			\$0.00

- 6

Total due this invoice

\$103.50

**WASTEWATER PLANT OPERATORS. Position open immediately. Plant is expanding to 1.6 MGD with reuse. Minimum of a Florida Class "C" Wastewater License required. Excellent pay and benefits; insurance, retirement, and vacations. Send resume or apply in person at Aloha Utilities Inc., Atten: Charlie, 2514 Aloha Place, Holiday FL 34691. (727) 937-4275.**

Please make checks payable to: **Florida Water Resources Journal**

**5605 NW 55 Lane  
Gainesville, FL 32606**

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15453

APPROVED BY: [Signature] 7-5-99  
DATE: 7/7

# Florida Water Resources Journal

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FLORIDA WATER & POLLUTION CONTROL OPERATORS ASSOCIATION  
 FLORIDA SECTION, AMERICAN WATER WORKS ASSOCIATION  
 FLORIDA POLLUTION CONTROL ASSOCIATION



**John D. Crane, P.E.**  
**Managing Editor**

Tel 352-374-4946 • Fax 352-372-6229

To: Ms. Connie Kurish  
 Aloha Utilities, Inc.  
 2514 Aloha Place  
 Holiday, FL 34691

AS OF THIS DATE YOUR CLASSIFIED AD HAS BEEN PLACED ON OUR WEB SITE AT [www.fwrj.com](http://www.fwrj.com)  
 A COPY OF THIS INVOICE AND A TEAR SHEET WILL BE MAILED TO YOU WHEN THE ISSUE IS PUBLISHED AND MAILED.

## INVOICE

Date 7/9/99

Issue Aug 99

Invoice Number: 3431CX9908

**JUL 27 1999**

### APPROVAL FOR PAYMENT

Your Purchase Order: tel 6/999 run to Aloha

I hereby personally acknowledge/attest to the company that the above described materials and/or services were actually received and/or performed in a proper/suitable condition except as noted on this invoice. In addition, I acknowledge that the unit prices and/or amounts listed are in agreement with the negotiated prices, except as noted on this invoice. The terms described on this invoice are also acceptable except as otherwise described. Any limitations or reservations I have regarding making full payment of this invoice have been properly described hereon.

WWT Operators	345 char @ 30c	\$103.50
		\$0.00
		\$0.00
		\$0.00
		\$0.00

APPROVED BY: *[Signature]*

DATE: 7/27 775-880

Total due this invoice **\$103.50**

**WASTEWATER PLANT OPERATORS. Position open immediately. Plant is expanding to 1.6 MGD with reuse. Minimum of a Florida Class "C" Wastewater License required. Excellent pay and benefits; insurance, retirement, and vacations. Send resume or apply in person at Aloha Utilities Inc., Atten: Charlie, 2514 Aloha Place, Holiday FL 34691. (727) 937-4275.**

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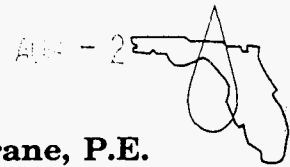
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# Florida Water Resources Journal

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FLORIDA SECTION, AMERICAN WATER WORKS ASSOCIATION  
FLORIDA POLLUTION CONTROL ASSOCIATION

**John D. Crane, P.E.**  
**Managing Editor**



Tel 352-374-4946 • Fax 352-372-6229

To: Ms. Connie Kurish  
Aloha Utilities, Inc.  
2514 Aloha Place  
Holiday, FL 34691

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## INVOICE

Date 7/9/99

Issue Aug99

Invoice Number: 3431CX9908

Your Purchase Order: tel 6/999 run to  
Aloha

Item		
ww operators 345 char @30¢		\$103.50
		\$0.00
		\$0.00
		\$0.00
		\$0.00

**AUG 10 1999**

Total due this invoice

**\$103.50**

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### APPROVAL FOR PAYMENT

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475,084

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

17 of 33



# Florida Water Resources Journal

OFFICIAL PUBLICATION OF —

FLORIDA WATER & POLLUTION CONTROL OPERATORS ASSOCIATION  
FLORIDA SECTION, AMERICAN WATER WORKS ASSOCIATION  
FLORIDA POLLUTION CONTROL ASSOCIATION



**John D. Crane, P.E.**  
**Managing Editor**

Tel 352-374-4946 • Fax 352-372-6229

To: Ms. Connie Kurish  
Aloha Utilities, Inc.  
2514 Aloha Place  
Holiday, FL 34691

AS OF THIS DATE YOUR CLASSIFIED AD  
HAS BEEN PLACED ON OUR WEB  
SITE AT [www.fwrj.com](http://www.fwrj.com)  
A COPY OF THIS INVOICE AND  
A TEAR SHEET WILL BE MAILED  
TO YOU WHEN THE ISSUE IS  
PUBLISHED AND MAILED.

## INVOICE

Date 8/10/99

Issue Sep99

Invoice Number: 3431CX9908

Your Purchase Order: tel 6/999 run to  
Aloha

SEP - 8 1999

Item		
ww operators 330 char @30¢		\$99.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00

### APPROVAL FOR PAYMENT

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Total due this invoice **\$99.00**

APPROVED BY: *[Signature]*

775.084

DATE: 9/2 Please make checks payable to:

**Florida Water Resources Journal**

**5605 NW 55 Lane  
Gainesville, FL 32606**

Florida Water Resources Journal, Inc., is a Not-For-Profit Corporation

**Fed ID 59-2954170**

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NOV - 6 1998

The Florida Chapter of the  
National Association of Water Companies

**FLORIDA  
WATERWORKS  
ASSOCIATION**

P.O. Box 4268, Tallahassee, Fla. 32315 (904) 878-4399

November 4, 1998

ALOHA UTILITIES, INC.  
Attn: Stephen G. Watford  
2514 Aloha Place  
Holiday, Florida 34691

I N V O I C E

1999 Dues for Active Membership  
in the Florida Waterworks Association.

Amount Due:

\$18,500

Make checks payable to: Florida Waterworks Association

Remit to:

Florida Waterworks Association  
P.O. Box 4268  
Tallahassee, FL 32315-4268

NOV 16 1998

APPROVAL FOR PAYMENT

I hereby personally acknowledge/attest to the company that the  
above described materials and/or services were actually received and/or  
used by the company named herein on the date of this invoice.  
I understand that the company named herein is liable for the amount billed  
on this invoice and that the company named herein is responsible for the  
payment of this invoice. I understand that the company named herein is  
responsible for the payment of this invoice except  
as otherwise described herein. I understand that the company named herein  
is responsible for the payment of this invoice if it has been properly described hereon.

675,084 - 2590.00  
575,084 - 6660.00  
775,084 - 2590.00  
775,084 - 6660.00

APPROVED BY: [Signature]

675083 + 1

DATE: 10/13

77584 + 2

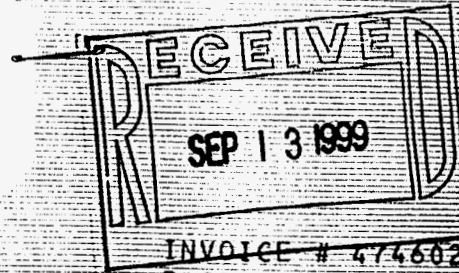
19433



CLIENT COPY

REMIT TO

INTERIM.  
INTERIM PERSONNEL; CLEARWATER  
DEPARTMENT 4746  
PO BOX 905514  
CHARLOTTE NC 28290-5514  
727-797-2171  
FED ID # 36-3536544



Interim®

INVOICE # 4746027974  
PAGE 1

INVOICE TO

ALOHA UTILITIES  
ATTN: YVONNE HALLER  
2514 ALOHA PLACE  
HOLIDAY FL 34691

CLIENT 4746001180-0001  
INVOICE DATE 09/05/1999  
WEEK ENDING 09/05/1999

SEP 30 1999

TERMS:  
NET UPON RECEIPT

AMOUNT  
ENCLOSED

RETURN YELLOW COPY WITH YOUR REMITTANCE

EMPLOYEE / DESCRIPTION

TOBIN, JILL

HOURS RATE AMOUNT  
14.00 12.00 168.00

APPROVAL FOR PAYMENT

I hereby personally acknowledge/attest to the company that the above described materials and/or services were actually received and/or performed in a proper/suitable condition except as noted on this invoice. In addition, I acknowledge that the unit prices and/or amounts billed are in agreement with the negotiated prices, except as noted on this invoice. The terms described on this invoice are also acceptable except as otherwise described. Any limitations or reservations I have regarding making full payment of this invoice have been properly described hereon.

APPROVED BY: [Signature]

DATE: 9/29

675.081 - 23.52  
675.083 60.48  
775.082 - 23.52  
775.084 - 60.48

PAYMENT DUE UPON RECEIPT  
PLEASE INCLUDE COPY OF  
INVOICE WITH YOUR CHECK

INVOICE 4746027974

BILL REPRESENTS WAGES AND IS PAYABLE UPON PRESENTATION  
INTERIM.

TOTAL AMOUNT DUE

168.00

20 of 33

CLIENT COPY

INTERIM.

REMIT TO

INTERIM PERSONNEL; CLEARWATER  
DEPARTMENT 4746  
PO BOX 905514  
CHARLOTTE NC 28290-5514  
727-797-2171  
FED ID # 36-3536544



INVOICE # 4746028034  
PAGE 1

INVOICE TO

ALOHA UTILITIES  
ATTN: YVONNE HALLER  
2514 ALOHA PLACE  
HOLIDAY FL 34691

CLIENT 4746001180-0001  
INVOICE DATE 09/19/1999  
WEEK ENDING 09/19/1999

TERMS:  
NET UPON RECEIPT

AMOUNT  
ENCLOSED

RETURN YELLOW COPY WITH YOUR REMITTANCE

21433

SEP 30 1999

EMPLOYEE / DESCRIPTION	HOURS	RATE	AMOUNT
TOBIN, JILL	40.00	12.00	480.00
YOUNG, IDA	30.00	12.00	360.00
<b>APPROVAL FOR PAYMENT</b>			
<p>I hereby personally acknowledge/attest to the company that the above described materials and/or services were actually received and/or performed in a timely and suitable condition <u>except as noted on this invoice.</u> In addition, I hereby acknowledge that the rates and/or amounts billed are in agreement with the company's terms, except as noted on this invoice. The total amount of this invoice is hereby acknowledged <u>except as otherwise described.</u> Any materials or reservations known regarding making <u>full payment of this invoice</u> have been properly described hereon.</p>			
<p>APPROVED BY: <u>[Signature]</u> DATE: <u>9/29</u></p>			
<p>675.081 - 117.60 675.083 - 302.40 775.082 - 117.60 775.084 - 302.40</p>			
<p>PAYMENT DUE UPON RECEIPT PLEASE INCLUDE COPY OF INVOICE WITH YOUR CHECK</p>			
INVOICE 4746028034	BILL REPRESENTS WAGES AND IS PAYABLE UPON PRESENTATION INTERIM.		TOTAL AMOUNT DUE
			840.00

CLIENT COPY

INTERIM.

REMIT TO

INTERIM PERSONNEL; CLEARWATER  
DEPARTMENT 4746  
PO BOX 905514  
CHARLOTTE NC 28290-5514  
727-797-2171  
FED ID # 36-3536544



OCT - 4 1999

INVOICE # 4746028065  
PAGE 1

INVOICE TO

ALOHA UTILITIES  
ATTN: YVONNE HALLER  
2514 ALOHA PLACE  
HOLIDAY FL 34691

CLIENT 4746001180-0001  
INVOICE DATE 09/26/1999  
WEEK ENDING 09/26/1999

TERMS:  
NET UPON RECEIPT

AMOUNT  
ENCLOSED

RETURN YELLOW COPY WITH YOUR REMITTANCE

OCT 27 1999

22 of 33

EMPLOYEE / DESCRIPTION	HOURS	RATE	AMOUNT
TOBIN, JILL	38.50	12.00	462.00
YOUNG, IDA	30.00	12.00	360.00
<p><b>APPROVAL FOR PAYMENT</b></p> <p>I hereby personally acknowledge/attest in the company that the above described materials and/or services were actually received and/or performed in a proper/suitable manner except as noted on this invoice. In addition, I hereby acknowledge services and/or amounts billed to my company are accurate and correct, except as noted on this invoice. I hereby describe any amount billed as not payable except as otherwise stated. Any amount not payable should be noted regarding the amount of the invoice as not properly described hereon.</p> <p>APPROVED BY: _____</p> <p>DATE: <u>10/25</u></p> <p>PAYMENT DUE UPON RECEIPT PLEASE INCLUDE COPY OF INVOICE WITH YOUR CHECK</p>			
INVOICE 4746028065	BILL REPRESENTS WAGES AND IS PAYABLE UPON PRESENTATION INTERIM.		TOTAL AMOUNT DUE
			822.00

675081 - 115.08  
675083 - 295.92  
775082 - 115.08  
775084 - 295.92

INTERPHASE, INC.  
2210 DESTINY WAY STE 1  
ODESSA, FL 33556

JUN 14

JUN 14 1999

INVOICE

To: Aloha Utilities

Date: June 9, 1999

Re: Reimbursement Advertising Charges.

Job Description: Reimbursement of St. Petersburg Times charges.  
See attached.

\$ 477.08

Total:

~~\$ 477.08~~

388.06

JUN 22 1999

DUE UPON RECEIPT OF INVOICE

APPROVAL FOR PAYMENT

I hereby personally acknowledge/attest to the company that the above described materials and/or services were actually received and/or performed in a proper/suitable condition except as noted on this invoice. In addition, I acknowledge that the quantities and/or amounts billed are in agreement with the original invoices, except as noted on this invoice. The terms described on this invoice are also acceptable except as otherwise described. Any conditions or reservations I have regarding making full payment of this invoice have been properly described hereon.

APPROVED BY: [Signature]

DATE: \_\_\_\_\_

c:\winword\invmstr

675.081 - 29.80  
675.083 - 76.63  
775.084 - 29.80  
775.084 - 251.83

23 of 33

# St. Petersburg Times

P.O. Box 237, St. Petersburg, FL 33731-0237

## ADVERTISING BILL

YOUR ACCOUNT REPRESENTATIVES ARE LISTED BELOW AND ON PAGE 2

11 TOTAL AMOUNT DUE	P.
5744.69	1

2	CURRENT AMOUNT	3	30-59 DAYS OLD	60-89 DAYS OLD	90-119 DAYS OLD	OVER 120 DAYS OLD	4	UNAPPLIED CASH/CR
	3314.74		2429.95	0.00	0.00	0.00		0.00

5	STATEMENT NO.	6	BILLING PERIOD	7	CREDIT LIMIT	8	BILLING ACCOUNT NUMBER	9	ADVERTISER/CLIENT NAME
	5314		03/01/99 03/31/99		2,000.00		001542004		PHASE I HOMES

10	ISSUE	11	REFERENCE NUMBER	12	EDT	13	DESCRIP-OTHER COMMENTS/CHARGES	14	SAU SIZE INCH/LIN	15	INS	17	RATE	18	GROSS AMOUNT	19	NET AMOUNT
	03/31		000998697				BALANCE FORWARD										4958.31
	03/03		000999165				SERVICE CHARGES								36.45		
							PAYMENT, THANK YOU								2528.36CR		
							TOTAL PAYMENTS										2491.91C
	03/03		093839001				RIVERSIDE VILLA RETD		3X 4.50		1		26.31		355.20		
	ROP		000041926			RGML	PN/PS/PW/		13.50"								
							AD FLIGHT/DLY DISCOU								106.57CR		248.63
	03/07		097236001				RET		3X 4.50		1		23.85		321.98		
	ROP		000049133			RGML	PS/PW/		13.50"								321.98
	03/10		099539001				RET		3X 4.50		1		17.02		229.78		
	ROP		000049137			RGML	PS/PW/		13.50"								
							AD FLIGHT/DLY DISCOU								68.94CR		160.84
	03/10		100453001 RE				FEILD REPRESENT CLS		LINE				.12		3.00		
	CLS		990089931			PA	ALOHA REV										3.00
	03/10		100453002 RE				FEILD REPRESENT CLS		LINE		10		1.01		50.50		
	CLS					PA	ALOHA		50.00								50.50
	03/14		102905001				RIVERSIDE VILLA RET		3X 4.50		1		36.35		490.73		
	ROP		000055928			RGML	PN/PS/PW/		13.50"								490.73

To assure correct posting, detach and return lower portion with your payment. Thank you.

# St. Petersburg Times

P.O. Box 237, St. Petersburg, FL 33731-0237

Thank you for your business.

6	BILLING PERIOD	9	ADVERTISER/CLIENT NAME
	03/01/99 03/31/99		PHASE I HOMES
11	TOTAL AMOUNT DUE	20	TERMS OF PAYMENT
	5744.69		Due EOM, 1.5% svcs charge on unpaid balance

2	CURRENT AMOUNT	3	30-59 DAYS OLD	60-89 DAYS OLD	90-119 DAYS OLD	OVER 120 DAYS OLD	4	UNAPPLIED CASH/CR
	3314.74		2429.95	0.00	0.00	0.00		0.00

21	BILLING DATE	22	BILLING ACCOUNT NAME AND ADDRESS
	03/31/99		PHASE I HOMES 2210 DESTINY WAY ODESSA FL 33556
8	BILLING ACCOUNT NUMBER		
	001542004		
23	AGENCY ACCOUNT NUMBER		

APPROVAL FOR PAYMENT  
YOUR ACCOUNT REPRESENTATIVES ARE:  
CLS UMHOEFFER, JAME (727)869-6276  
I hereby personally acknowledge that the company that the  
PRB BROWN STEVE (727)869-6215  
above described order was received and  
ROP BROWN, STEVE (727)869-6215  
in accordance with the terms of the invoice billed  
are in agreement with the amount billed on this  
invoice. I have no objection to the amount billed on this  
as otherwise stated. I have regard for the amount described her  
making full payment.

RECEIVED  
APR 08 1999

APPROVED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

0015420040005744690

24 of 33

# St. Petersburg Times

P.O. Box 237, St. Petersburg, FL 33731-0237

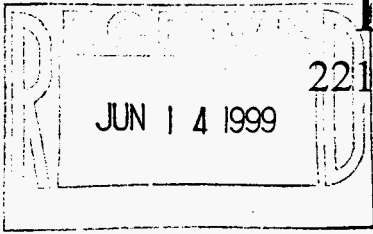
5314

## ADVERTISING BILL

81 BILLING ACCOUNT NUMBER	87 ADVERTISER/CLIENT NAME	PA
001542004	PHASE I HOMES	3

10	ISSUE	11	REFERENCE NUMBER	12	EDT	13	DESCRIP-OTHER COMMENTS/CHARGES	14	SAU	15	SIZE	16	INCH/LIN	17	RATE	18	GROSS AMOUNT	19	NET AMOUNT
03/18	RQP	106205001	000055929	RGML			RIVERSIDE VILLA RETD PN/PS/PW/ AD FLIGHT/DLY DISCOU	3X		4.50		1	13.50"		26.31		355.20		
																	106.57CR		248.63
03/21	RQP	109211001	000060319	RGML			RIVERSIDE VILLA RET PN/PS/PW/	3X		4.50		1	13.50"		36.35		490.73		490.73
03/24	CLS	113765001	990119350	PA			LAWN CREW CLEAN CLS ALOHA AFM	LINE				8	32.00		1.11		35.52		35.52
03/25	RQP	111990001	000060321	RGML			RIVERSIDE VILLA RETD PN/PS/PW/ AD FLIGHT/DLY DISCOU	3X		4.50		1	13.50"		26.31		355.20		
																	106.57CR		248.63
03/27	CLS	114686001	990089931	PA			UTILITY HELP CL CLS ALOHA	LINE				17	68.00		1.01		68.68		68.68
03/27	CLS	114686002	990089936	PA			PUMP MECHANIC S CLS ALOHA	LINE				27	162.00		.89		144.18		144.18
03/28	RQP	116373005	000065126	RGML			RIVERSIDE VILLA RET PN/PS/PW/	3X		4.50		1	13.50"		36.35		490.73		490.73
03/28	CLS	116373001	990132429	PA			RIVERSIDE VILLA CLS MARLIN	LINE				1	6.00		.93		5.58		5.58
03/28	CLS	116373002		PA			RIVERSIDE VILLA CLS MARLIN	LINE				1	6.00		.87		5.22		5.22
03/28	CLS	116373003	990132430	PA			RIVERSIDE VILLA CLS MARLIN	LINE				1	6.00		.93		2.79		2.79
03/28	CLS	116373004		PA			RIVERSIDE VILLA CLS MARLIN	LINE				1	6.00		.87		2.61		2.61
03/31	CLS	120978001	970721705	PA			NEW VILLAS CALL CLS INTERPHASE BOLD LINE	LINE				27	81.00		.73		72.63		72.63
03/31	CLS	120978002		PA			NEW VILLAS CALL CLS INTERPHASE BOLD LINE	LINE				4	12.00		.79		11.48		11.48
03/31	CLS	120978003	990134731	LP			WASTEWATER PLAN CLS ALOHA	LINE				5	60.00		2.92		175.20		175.20
							CURRENT ACTIVITY												3278.29
							CURRENT CLASSIFIED												577.39
							CURRENT ROP												2700.90

25433



# INTERPHASE, INC.

2210 DESTINY WAY SUITE ONE

ODESSA, FL 33556

727-376-0057

727-372-7800 fax

## INVOICE

JUN 14

To: Aloha Utilities

Date: June 14, 1999

Re: Advertising

Job Description: Reimbursement for advertising in the St. Petersburg Times for the month of May.  
See attached.

\$ 1628.43

Total: \$ 1628.43

JUN 22 1999

**DUE UPON RECEIPT OF INVOICE**

### APPROVAL FOR PAYMENT

I hereby personally acknowledge/attest to the company that the above described materials and/or services were actually received and/or performed in a proper/suitable condition except as noted on this invoice. In addition, I hereby warrant that the unit prices and/or amounts billed are in agreement with the negotiated prices, except as noted on this invoice. The terms and conditions on this invoice are also acceptable except as otherwise described. Any limitations or reservations I have concerning making full payment of this invoice have been properly described hereon.

575,084 - 1446.15  
675,083 - 182.28

APPROVED BY: [Signature]

DATE: 6/22

26 of 33

# St. Petersburg Times

P.O. Box 237, St. Petersburg, FL 33731-0237

## ADVERTISING BILL

YOUR ACCOUNT REPRESENTATIVES ARE LISTED BELOW AND ON PAGE 2

11	TOTAL AMOUNT DUE
	7616.72

2	CURRENT AMOUNT	3	30-59 DAYS OLD	4	60-89 DAYS OLD	5	90-119 DAYS OLD	6	OVER 120 DAYS OLD	7	UNAPPLIED CASH/C
	3902.25		3714.47		0.00		0.00		0.00		0.00
8	STATEMENT NO.	9	BILLING PERIOD	10	CREDIT LIMIT	11	BILLING ACCOUNT NUMBER	12	ADVERTISER/CLIENT NAME		
	5240		05/01/99 05/31/99		8,000.00		001542004		PHASE I HOMES		

10	ISSUE	11	REFERENCE NUMBER	12	EDT	13	DESCRIP-OTHER COMMENTS/CHARGES	14	SAU SIZE	15	INCH/LIN	16	INS	17	RATE	18	GROSS AMOUNT	19	NET AMOUNT
							BALANCE FORWARD												7067.14
	05/31		000997158				SERVICE CHARGES										55.72		
	05/14		000997626				SERVICE CHARGES										37.93CR		
	05/04		000997876				PAYMENT, THANK YOU										3314.74CR		
							TOTAL FINANCIAL TRANS.												3296.95
	05/02		157553002				RIVERSIDE VILLA RET		3X	4.50		1			36.35		490.73		
	ROP		000017034			RGML	PN/PS/PW/			13.50"									490.73
	05/02		157553001 EX				6 CYPRESS DR 1S CLS			LINE		2			2.15		21.50		
	CLS		990177065			PI	SHARON			10.00									21.50
	05/09		163202001				RIVERSIDE VILLA RET		3X	4.50		1			36.35		490.73		
	ROP		000004338			RGML	PN/PS/PW/			13.50"									490.73
	05/16		168905001				RIVERSIDE VILLA RET		3X	4.50		1			36.35		490.73		
	ROP		000014667			RGML	PN/PS/PW/			13.50"									490.73
	05/21		172866001 KI				RECEPTIONIST SE CLS			LINE		17			1.11		136.34		
	CLS		990186914			PA	MARLIN			119.00									136.34
	05/23		174987001				RIVERSIDE VILLA RET		3X	4.50		1			36.35		490.73		
	ROP		000018080			RGML	PN/PS/PW/			13.50"									490.73
	05/31		183424001 MO				NEW VILLAS CALL CLS			LINE		31			.88		97.34		
	CLS		970721705			PA	INTERPHASE			93.00									97.34
							BOLD LINE												97.34

To assure correct posting, detach and return lower portion with your payment. Thank you.

# St. Petersburg Times

P.O. Box 237, St. Petersburg, FL 33731-0237

Thank you for your business.

81	BILLING PERIOD	82	ADVERTISER/CLIENT NAME
	05/01/99 05/31/99		PHASE I HOMES
11	TOTAL AMOUNT DUE	12	TERMS OF PAYMENT
	7616.72		Due EQM, 1.5% svcs charge on unpaid balance

2	CURRENT AMOUNT	3	30-59 DAYS OLD	4	60-89 DAYS OLD	5	90-119 DAYS OLD	6	OVER 120 DAYS OLD	7	UNAPPLIED CASH/C
	3902.25		3714.47		0.00		0.00		0.00		0.00

211	BILLING DATE	221	BILLING ACCOUNT NAME AND ADDRESS
	05/31/99		
81	BILLING ACCOUNT NUMBER		
	001542004		PHASE I HOMES
231	AGENCY ACCOUNT NUMBER		2210 DESTINY WAY
			ODESSA FL 33556

YOUR ACCOUNT REPRESENTATIVES ARE:  
 CLS UMHOEFFER, JAME (727)869-6276  
 PRP BROWN, STEVE (727)869-6215  
 ROP BROWN, STEVE (727)869-6215

**RECEIVED**  
 JUN 07 1999  
 BY: \_\_\_\_\_

0015420040007616720

27 of 33



# St. Petersburg Times

P.O. Box 237, St. Petersburg, FL 33731-0237

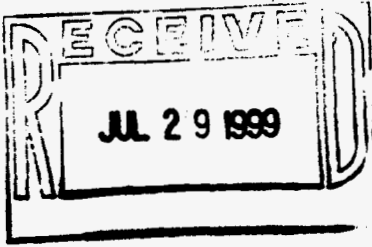
5240

11 BILLING ACCOUNT NUMBER	12 ADVERTISER/CLIENT NAME	PAGE
001542004	PHASE 1 HOMES	3

## ADVERTISING BILL

10	11	12	13	14	15	16	17	18	19
ISSUE	REFERENCE NUMBER	EDT	DESCRIP-OTHER COMMENTS/CHARGES	BAU SIZE INCH/LIN	INST	RATE	GROSS AMOUNT	NET AMOUNT	
05/31 CLS	183424002 MO 990134731	LP	WASTEWATER PLAN CLS ALOHA	LINE 465.00	31	3.11	1446.15	1446.15	
05/31 CLS	183424003 MO 990149360	PA	UTILITY HELP CL CLS ALOHA	LINE 186.00	31	.98	182.28	182.28	
			TOTAL STATEMENT ACTIVITY					3846.53	
			CURRENT CLASSIFIED					1883.61	
			CURRENT ROP					1962.92	

28 of 33



**INTERPHASE, INC.**  
 2210 DESTINY WAY SUITE ONE  
 ODESSA, FL 33556  
 727-376-0057  
 727-372-7800 fax

**INVOICE**

To Aloha Utilities

Date: July 13, 1999

Re: Advertising

Job Description: Reimbursement for advertising in the St. Petersburg Times for the month of June.  
 See attached.

\$ 1510.59

AUG 10 1999

Total: \$ 1510.59

**DUE UPON RECEIPT OF INVOICE**

**APPROVAL FOR PAYMENT**

I hereby personally acknowledge/attest to the company that the above described materials and/or services were actually received and/or performed in a proper/suitable condition except as noted on this invoice. In addition, I acknowledge that the unit prices and/or amounts billed are in agreement with the negotiated prices, except as noted on this invoice. The terms described on this invoice are also acceptable except as otherwise described. Any limitations or reservations I have regarding making full payment of this invoice have been properly described hereon.

775.084 - 1334.19  
 675.083 - 176.40

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

29433

# St. Petersburg Times

P.O. Box 237, St. Petersburg, FL 33731-0237

YOUR ACCOUNT REPRESENTATIVES ARE LISTED BELOW AND ON PAGE "

11	TOTAL AMOUNT DUE	PAGE
	7596.74	1

## ADVERTISING BILL

2	CURRENT AMOUNT	3	30-59 DAYS OLD	60-89 DAYS OLD	90-119 DAYS OLD	OVER 120 DAYS OLD	4	UNAPPLIED CASH/CRD
	3694.49		3902.25	0.00	0.00	0.00		0.00

5	STATEMENT NO.	6	BILLING PERIOD	7	CREDIT LIMIT	8	BILLING ACCOUNT NUMBER	9	ADVERTISER/CLIENT NAME
	5060		06/01/99 06/30/99		8,000.00		001542004		PHASE I HOMES

10	ISSUE	11	REFERENCE NUMBER	12	EDT	13	DESCRIP-OTHER COMMENTS/CHARGES	14	SAU SIZE INCH/LIN	15	INST	17	RATE	18	GROSS AMOUNT	19	NET AMOUNT
							BALANCE FORWARD										7616.72
							SERVICE CHARGES								58.53		
							BALANCE TRANSFER								3714.47CR		
							TOTAL FINANCIAL TRANS.										3655.94CR
	06/30		000996452														
	06/03		000997080														
	06/06		191262001				RIVERSIDE VILLA RET		3X 4.50		1		36.35		490.73		
	ROP		000030677		RGML		PN/PS/PW/		13.50"								490.73
	06/09		193382001 RE				WASTEWATER PLAN CLS		LINE		9		3.11		419.85		
	CLS		990134731		LP		ALOHA		135.00								419.85
	06/13		196584001				RIVERSIDE VILLA RET		3X 4.50		1		36.35		490.73		
	ROP		000035222		RGML		PN/PS/PW/		13.50"								490.73
	06/20		202323001				RIVERSIDE VILLA RET		3X 4.50		1		36.35		490.73		
	ROP		000039098		RGML		PN/PS/PW/		13.50"								490.73
	06/27		207937001				RIVERSIDE VILLA RET		3X 4.50		1		36.35		490.73		
	ROP		000045131		RGML		PN/PS/PW/		13.50"								490.73
	06/28		208905001 EX				RIVERSIDE VILLA CLS		LINE		3		3.25		68.25		
	CLS		990254503		LP		MARLIN		21.00								68.25
	06/30		211938001 MO				NEW VILLAS CALL CLS		LINE		30		.88		94.20		
	CLS		970721705		PA		INTERPHASE BOLD LINE		90.00								94.20

To assure correct posting, detach and return lower portion with your payment. Thank you.

# St. Petersburg Times

P.O. Box 237, St. Petersburg, FL 33731-0237

Thank you for your business.

8	BILLING PERIOD	9	ADVERTISER/CLIENT NAME
	06/01/99 06/30/99		PHASE I HOMES
11	TOTAL AMOUNT DUE	20	TERMS OF PAYMENT
	7596.74		Due EOM, 1.5% svcs charge on unpaid balance

2	CURRENT AMOUNT	3	30-59 DAYS OLD	60-89 DAYS OLD	90-119 DAYS OLD	OVER 120 DAYS OLD	4	UNAPPLIED CASH/CRD
	3694.49		3902.25	0.00	0.00	0.00		0.00

21	BILLING DATE	22	BILLING ACCOUNT NAME AND ADDRESS
	06/30/99		
8	BILLING ACCOUNT NUMBER		
	001542004		PHASE I HOMES
23	AGENCY ACCOUNT NUMBER		2210 DESTINY WAY
			ODESSA FL 33556

YOUR ACCOUNT REPRESENTATIVES ARE:  
 CLS UMHOEFFER, JAME (727)869-6276  
 PRP BROWN, STEVE (727)869-6215  
 ROP BROWN, STEVE (727)869-6215

**RECEIVED**  
 JUL 08 1999  
 BY: \_\_\_\_\_

0015420040007596740

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# St. Petersburg Times

P.O. Box 237, St. Petersburg, FL 33731-0237

## ADVERTISING BILL

506G

BILLING ACCOUNT NUMBER	ADVERTISER/CLIENT NAME	PAGE
001542004	PHASE I HOMES	3

10	ISSUE	11	REFERENCE NUMBER	12	EDT	13	DESCRIP-OTHER COMMENTS/CHARGES	14	SAU SIZE	16	INCH/LIN	16	INST	17	RATE	18	GROSS AMOUNT	19	NET AMOUNT
06/30	CLS	211938002 MO	990134731	LP		WASTEWATER PLAN CLS	LINE	21	3.11							914.34		914.34	
						ALOHA			294.00										
06/30	CLS	211938003 MO	990149360	PA		UTILITY HELP CL CLS	LINE	30	.98							176.40		176.40	
						ALOHA			180.00										
						TOTAL STATEMENT ACTIVITY													3635.96
						CURRENT CLASSIFIED													1673.04
						CURRENT ROP													1962.92

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**Media General** NEWSPAPERS

START DATE	STOP DATE	CLASS	PO NUMBER	FIRST WORD	AMOUNT
06/09/99	07/08/99	0360 /	6209	WASTE WATER PLANT OPERA	3705.00

**THE TAMPA TRIBUNE**  
Due Upon Receipt

**HERNANDO TODAY APPROVAL FOR PAYMENTS TODAY**

I hereby personally acknowledge/attest to the completion of the above described materials and/or services were actually received and performed in a proper/suitable condition as depicted on this invoice. In addition, I acknowledge that the unit was made in accordance with the agreement and the negotiated prices, except as noted on this invoice. The terms specified on this invoice are also applicable to all other services described. Any limitations or reservations made in the payment of this invoice have been properly described hereon.

APPROVED BY: CARROLL WOOD

THANK YOU FOR PLACING YOUR ADVERTISING WITH US.  
INVOICES ARE PAYABLE UPON RECEIPT. 775,084

Make checks payable to: Media General

FOR BILLING INFORMATION ONLY:  
(813) 259-7339

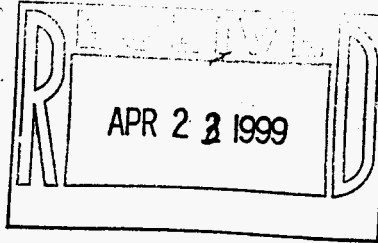
OUTSIDE HILLSBOROUGH COUNTY:  
(800) 527-2744

PLEASE MAKE INQUIRIES CONCERNING INVOICE  
WITHIN 10 DAYS OF BILLING

ACCOUNT NUMBER	AMOUNT DUE
9382851ALO	3705.00
INVOICE NUMBER	INVOICE DATE
TB1WKSF	7/13/99

For proper credit, detach bottom portion and return it with your payment in the envelope provided. Make sure address shows through window.

Troni-Tech, Inc.  
7906-2 Clark Moody Blvd.  
Port Richey, FL. 34668



# Invoice

DATE 4/20/99 INVOICE # 266

**BILL TO:**

Aloha Utilities, Inc.  
2514 Aloha Place  
Holiday, FL. 34691

P.O. NUMBER  
# 92957

TERMS

PROJECT

Net 30

QUANTITY	DESCRIPTION	RATE	AMOUNT
5	Electronic Repair - 60-12 Unit	75.00	375.00
		6.00%	0.00

MAY 11 1999

## APPROVAL FOR PAYMENT

I hereby personally acknowledge/attest to the company that the above described materials and/or services were actually received and/or performed in a proper/suitable condition except as noted on this invoice. In addition, I acknowledge that the unit prices and/or amounts billed are in agreement with the negotiated prices, except as noted on this invoice. The terms described on this invoice are also acceptable except as otherwise described. Any limitations or reservations I have regarding making full payment of this invoice have been properly described hereon.

APPROVED BY: [Signature] 775-064

DATE: 4/26/99

33433

**TOTAL**

**\$375.00**