

Acknowledge Receipt of Addendum(s) (if applicable circle):

#1 Yes No #2 Yes No #3 Yes No #4 Yes No

Bidder: Florida Waterways, Inc. Company: Florida Waterways, Inc.

Address: 9820 Scott Mill Road  
Jacksonville, FL 32257

Authorized Signature:  Title: President

Clearly Print Name: Jim Schwartz

Phone: 904 801 5253 Fax: \_\_\_\_\_ Date: April 8, 2019

Email Address: Jim@FloridaPond.com

## BID FORM

**BID NUMBER:** 19-226: Annual Aquatic and Right of Way (ROW) Vegetation Management Services

**BID OPENING DATE:** 2:00 pm, Wednesday, March 27, 2019

**PLACE OF BID OPENING:** Alachua County Division of Purchasing, 3<sup>rd</sup> Floor  
County Administration Building  
12 SE 1<sup>st</sup> Street  
Gainesville, Florida, 32601-6983

TO: The County Commissioners, County of Alachua:

The undersigned, as Contractor, hereby declares that he has carefully read and examined the specifications and with full knowledge of all conditions, under which the equipment and services herein contemplated must be furnished, hereby proposes and agrees to furnish the equipment and services according to the requirements as set out in the specifications for said equipment and service:

Subdivision/Location Name	Acreage	Location	Treatment Cost Per Cycle
NW 43rd Street	0.75	West side of NW 43rd Street, Just south of NW 46th Avenue, Gainesville, FL 32601	\$ 130.00
Rustlewood	0.46	West side of NW 43rd Street, Just north of NW 44th Avenue, Gainesville, FL 32601	\$ 75.00
SE 35th Street	1.38	SE 35th Street and SE 17th Avenue, Gainesville, FL 32641	\$ 270.00
Autumn Woods	0.53	South side of NW 39th Ave. east of NW 48th Terrace, Gainesville, FL 32606.	\$ 75.00
NW 83rd Street/NW 31st Ave	0.4	SE corner of NW 83rd street and NW 31st Ave., Gainesville, FL 32606	\$ 75.00
Sunningdale	1.36	Adjacent address: 8118 SW 1st place, Gainesville, FL 32607	\$ 270.00
Heatherwood	1.35	Adjacent address: 6001 NW 35th place, Gainesville 32606	\$ 270.00
Robin Lane	0.82	Adjacent to 3915 NW 75 St, Gainesville, 32606	\$ 160.00
Kimberly Woods Unit II	0.52	Adjacent address: 4707 NW 35th Place, Gainesville, 32606	\$ 75.00
Millhopper Library Pond	0.3	3145 NW 43rd St, Gainesville, FL 32606	\$ 60.00
Greentree Village	0.1	East side of SE 32 <sup>nd</sup> Way, Gainesville, FL 32641	\$ 30.00
		4 cycles per year: June, July, August, September	x 4 cycles
<b>TOTAL ACREAGE</b>	<b>7.97</b>	<b>GRAND TOTAL</b>	<b>\$ 5,960</b>

<b>Per Unit Cost for Additional Aquatic treatment sites:</b>	4 cycles per year: June, July, August, September	\$ 885.00 /ac
<b>Minimum total cost per each additional site (aquatic) per cycle:</b>		\$ 250.00 /ac
<b>Per Unit Cost for Additional Aquatic treatment sites (mechanical removal):</b>		\$ 2,000.00 /ac
<b>Minimum total cost per each additional site (aquatic – mechanical removal) per cycle:</b>		\$ 2,000.00 /ac

Cogongrass Program Sites	Acreage	Location	Treatment Cost Per Cycle
55 sites	≈ 40	Various locations – See Supplemental maps	\$ 3,445.00
			x 2 cycles (spring & fall)
		<b>GRAND TOTAL</b>	<b>\$ 6,890.00</b>

<b>Per Unit Cost for Additional Cogongrass treatment sites:</b>	\$ 200.00 /ac
<b>Minimum total cost per each additional site (Cogongrass) per cycle:</b>	\$ 100.00 /ac

## RESPONSIBLE AGENT FORM

The Contractor shall designate a responsible agent and alternate as necessary, for all dealings, communications, or notices or contracts between the Entities and the contractor by completing and returning this Responsible Agent Form. Any notice or communication to or from the responsible agent shall be deemed to be a communication to the contractor

RESPONSIBLE AGENT: Jim Schwartz

ADDRESS: 9820 Scott Mill Road  
Jacksonville, FL 32257

PHONE NO.: 904 801 5253, ext. 1

FAX NO.: \_\_\_\_\_

Email Address: Jim@FloridaPond.com

ALTERNATE RESPONSIBLE AGENT: \_\_\_\_\_

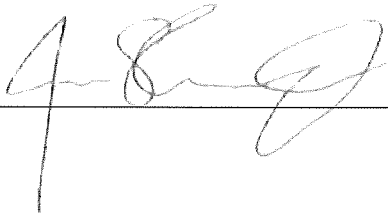
ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

Email Address: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: April 8, 2019

**Small Business Enterprise (SBE) Program Participation Form**

**BID NUMBER: 19-226: Annual Aquatic and Right of Way (ROW) Vegetation Management Services**

***OPTION 1***

I certify that our Company is an Alachua County Certified Small Business Enterprise (SBE) registered prior to the Bid opening.

**Circle One:**      **Yes (If yes, complete and sign the last page of this Exhibit)**

**No (If No, proceed to *Option 2.*)**

***OPTION 2***

I certify that our Company **will perform ALL work** and that no subcontractors will be utilized for this bid.

**Circle One:**      **Yes (If yes, complete and sign the last page of this Exhibit)**

**No (If No, proceed to *Option 3.*)**

**BID NUMBER: 19-226: Annual Aquatic and Right of Way (ROW) Vegetation Management Services**

## ***OPTION 3***

**SBE Participation.** I certify that our Company has contacted the **Alachua County's Certified SBEs** listed below. I state that the following information regarding SBE Subcontractors is true and correct to the best of my knowledge and belief.

Alachua County has adopted a 15% SBE participation goal and policies which encourage participation of Small Business Enterprises (SBE) in the provision of labor, time, supplies, services or construction items of any kind materials.

SBEs are located in the Alachua County Small Business Enterprise Directory, available at:  
<http://smallbusdir.alachuacounty.us/>.

Subcontractor (any business entity holding a subcontract with the prime vendor) services are defined as, "a contract with another business entity that obtains labor, time, supplies, services or construction items of any kind."

Vendors submitting bids under this solicitation are to identify the intended SBE subcontractors. These SBEs have agreed to perform the work for **the total dollar value and percentage of the bid** set forth below.

**If SBE subcontractors are not utilized and listed below or if option 1 or 2 was not chosen, you must proceed to *Option 4* and document your Good Faith Effort.**

SBE Name of Contractor	SBE Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Est \$ Value) (Est % of Total Bid)	\$ _____ % (Est \$ Value) (Est % of Total Bid)
SBE Name of Contractor	SBE Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Est \$ Value) (Est % of Total Bid)	\$ _____ % (Est \$ Value) (Est % of Total Bid)
SBE Name of Contractor	SBE Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Est \$ Value) (Est % of Total Bid)	\$ _____ % (Est \$ Value) (Est % of Total Bid)

**BID NUMBER: 19-226: Annual Aquatic and Right of Way (ROW) Vegetation Management Services**

## ***OPTION 4***

**SBE Good Faith Effort.** To be considered responsive all Vendors **must have** SBE Participation or demonstrate a good faith effort to utilize SBE subcontractors. **If option 1, 2 or 3 was not chosen the Vendor must complete the section below substantiating compliance with good faith effort requirements.**

In accordance with Section 22.36, of the Alachua County Purchasing Code, I have solicited and received responses from the following Alachua County certified SBE companies. (The SBE vendor's response **MUST** be recorded in the section below.)

1	Name of SBE Company:	Date SBE Contacted
SBE Contact Name: _____ Phone: _____		/   /
Must be completed by. SBE Response when contacted:		
2	Name of SBE Company:	Date SBE Contacted
SBE Contact Name: _____ Phone: _____		/   /
Must be completed by. SBE Response when contacted:		
3	Name of SBE Company:	Date SBE Contacted
SBE Contact Name: _____ Phone: _____		/   /
Must be completed by. SBE Response when contacted:		
4	Name of SBE Company:	Date SBE Contacted
SBE Contact Name: _____ Phone: _____		/   /
Must be completed by. SBE Response when contacted:		
5	Name of SBE Company:	Date SBE Contacted
SBE Contact Name: _____ Phone: _____		/   /
Must be completed by. SBE Response when contacted:		
6	Name of SBE Company:	Date SBE Contacted
SBE Contact Name: _____ Phone: _____		/   /
Must be completed by. SBE Response when contacted:		
7	Name of SBE Company:	Date SBE Contacted
SBE Contact Name: _____ Phone: _____		/   /
Must be completed by. SBE Response when contacted:		

**BID NUMBER: 19-226: Annual Aquatic and Right of Way (ROW) Vegetation Management Services**

I as the undersigned Vendor certify that I have completed one of the option(s) below (*Circle One*):

**OPTION 1**

**OPTION 2**

**OPTION 3**

**OPTION 4**

If you are unable to certify that, you have completed to the best of your knowledge and belief **OPTION 1, OPTION 2, OPTION 3 or OPTION 4, CALL (48 hours prior to bid opening) the Division of Purchasing at 352.374.5202, for direction.**

Vendor Name: Florida Waterways, Inc. Date April 8, 2019

Signature  Title President

Printed Name: Jim Schwartz Title President

ALACHUA COUNTY GOVERNMENT MINIMUM WAGE (GMW) FORM

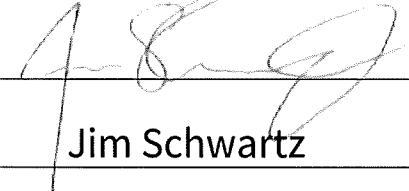
Bid 19-226: Annual Aquatic and Right of Way (ROW) Vegetation Management Services

The undersigned certifies that all employees, contracted and subcontracted, completing services as part of this Bid/RFP are paid, and will continue to be paid, in accordance with Chapter 22, Article III of the Alachua County Code of Ordinance ("Wage Ordinance").

Please mark the appropriate box below that applies to how you pay your employees:

1.	<input checked="" type="checkbox"/> Employees involved with Alachua County projects are paid a minimum of <b>\$13.50 hourly</b> and are provided health benefits?
2.	<input type="checkbox"/> Employees involved with Alachua County projects are paid a minimum of <b>\$15.60 hourly but are not provided</b> health benefits?

Bidder: Florida Waterways, Inc. Company: Florida Waterways, Inc.

Authorized Signature:  Title: President

Clearly Print Name: Jim Schwartz Phone: 904 801 5253

Email Address: Jim@FloridaPond.com



**DRUG FREE WORKPLACE**

Section 22.09 Competitive Sealed Bidding of the Alachua County Purchasing Code states that in the evaluation of bids, all factors in the bidding process being equal, both as to dollar amount and ability to perform, priority will be given, first, to those vendors certifying a drug-free workplace, secondly, to certified Small Business Enterprise (SBE) bidders.

The undersigned vendor in accordance with §287.087, Florida Statute and Section 22.09 of the Alachua County Purchasing Code hereby certifies that

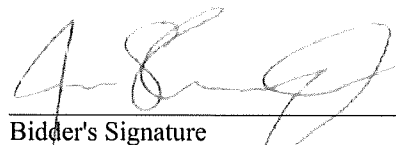
**Florida Waterways, Inc.**

Name of Business

Does:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 1893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



Bidder's Signature

**April 8, 2019**

Date

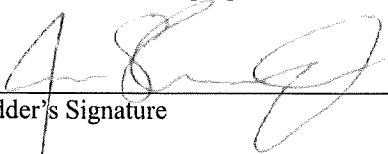
**PUBLIC RECORD DECLARATION OR CLAIM OF EXEMPTION**

As a bidder or proposer, any document you submit to Alachua County may be a public record and be open for personal inspection or copying by any person. In Florida 'public records' are defined as all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency. Section 119.011, F.S. A document is subject to personal inspection and copying unless it falls under one of the public records exemptions created under Florida law. Please designate what portion of your bid or proposal, if any, qualifies to be exempt from inspection and copying:

(Execute either section I. or II, but not both; bidder may not modify language)

I. NO EXEMPTION FROM PUBLIC RECORDS LAW

No part of the bid or proposal submitted is exempt from disclosure under the Florida public records law, Ch. 119, F.S.

  
 Bidder's Signature

April 8, 2019  
 Date

- - - OR - - -

II. EXEMPTION FROM PUBLIC RECORDS LAW AND AGREEMENT TO INDEMNIFY AND DEFEND ALACHUA COUNTY

The following parts of the bid or proposal submitted are exempt from disclosure under the Florida public records law because: (list exempt parts and legal justification. i.e. trade secret):

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By claiming that all or part of the bid or proposal is exempt from the public records law, the undersigned bidder or proposer agrees to protect, defend, indemnify and hold the County, its officers, employees and agents free and harmless from and against any and all claims arising out of a request to inspect or copy the bid or proposal. The undersigned bidder or proposer agrees to investigate, handle, respond to, provide defense (including payment of attorney fees, court costs, and expert witness fees and expenses up to and including any appeal) for and defend any such claim at its sole cost and expense through counsel chosen by the County and agrees to bear all other costs and expenses related thereto, even if they (claims, etc.) are groundless, false, or fraudulent.

Bidder's Signature

Date

## BIDDER'S QUESTIONNAIRE

Bidder's Name: Florida Waterways, Inc.

Bidder's Address: 9820 Scott Mill Road, Jacksonville, FL 32257 Phone: 904 801 5253

Number of years in this type of service? 6 Number of years licensed in Alachua County: \_\_\_\_\_

Number of employees "ON THE JOB" each week: 2 Number of employees "ON CALL" each week: 2

Will you subcontract any part of this work: Yes \_\_\_\_\_ No X If so, give details: \_\_\_\_\_

List all major equipment which will be available upon commencement of the agreement to perform the required service:  
GMC Duramax Pickup; 15' Spray Skiff with 100G Aquatics Spray Tank and 30G Grass Tank & Pumps; PPE;  
John Deere HPX Gator with Spray System; Backpack Sprayers; Echo Chain Saw & String Trimmers; Utility Trailer

Do you currently hold any municipality contracts: Yes X No \_\_\_\_\_ If so, please indicate below:

Jacksonville Port Authority

Flagler County School Board

Florida State College at Jacksonville

List three references of firms receiving similar service to that requested in this bid (comparable facility size):

1) Firm: Jacksonville Port Authority Phone: 904 357 3027  
 Contact Person: Scott Skinner

2) Firm: Flagler County School Board Phone: 386 586 5192  
 Contact Person: David Freeman

3) Firm: Florida State College at Jacksonville Phone: 904 632 3086  
 Contact Person: Audrey Monroe

Are your employees screened by: (indicate)

1) Polygraph \_\_\_\_\_

2) General Interview X

3) Background Investigation X

4) Police Record Check \_\_\_\_\_

5) Additional Drug free company

Have any leases, contracts or agreements for services held by your firm ever been canceled or terminated before the end of the term by either party: Yes \_\_\_\_\_ No X. If the answer is yes, state the location and circumstances on an "attachment" to this questionnaire.

What constitutes your normal business days and working hours:

Monday - Saturday, 7am-3pm

Describe in the spaces provided, your firm's operational plan for providing the services under this agreement:

Jim Schwartz, President of Florida Waterways, Inc. is a Commercial Licensed Applicator (CM21147) in the following license categories: Right-Of-Way Pest Control, Aquatic Pest Control, Demonstration and Research, Natural Areas Weed Management. All herbicide applications will be in strict compliance with label requirements and made by, or under, Jim Schwartz's direct supervision.

The undersigned swears to the truth and accuracy of all statements and answers contained herein:

DATE: April 8, 2019

AUTHORIZED SIGNATURE: \_\_\_\_\_

## PROPOSED SUBCONTRACTORS (NON-SMALL BUSINESS ENTERPRISE) FORM

BID NUMBER: 19-226: Annual Aquatic and Right of Way (ROW) Vegetation Management Services

This form is for all Non-Small Business Enterprise subcontractors being utilized on this project that are not included on Exhibit C.

Name of Contractor	Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Total \$ Value) (% of Total Bid/RFP)	\$ _____ % (Total \$ Value) (% of Total Bid/RFP)
Name of Contractor	Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Total \$ Value) (% of Total Bid/RFP)	\$ _____ % (Total \$ Value) (% of Total Bid/RFP)
Name of Contractor	Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Total \$ Value) (% of Total Bid/RFP)	\$ _____ % (Total \$ Value) (% of Total Bid/RFP)
Name of Contractor	Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Total \$ Value) (% of Total Bid/RFP)	\$ _____ % (Total \$ Value) (% of Total Bid/RFP)
Name of Contractor	Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Total \$ Value) (% of Total Bid/RFP)	\$ _____ % (Total \$ Value) (% of Total Bid/RFP)

If additional space is required for your subcontractor listing, make copies of this Exhibit G and submit with you bid package.

**TYPE "A" INSURANCE REQUIREMENTS  
"ARTISAN CONTRACTORS / SERVICE CONTACTS"**

The Contractor shall procure and maintain for the duration of this contract insurance against claims for injuries to persons or damages to property, which may arise from or in connection with the performance of the work hereunder by the contractor/vendor, his agents, representatives, employees or subcontractors.

**COMMERCIAL GENERAL LIABILITY**

Coverage must be afforded under a per occurrence form policy for limits not less than \$1,000,000 General Aggregate, \$1,000,000 Products / Completed Operations Aggregate, \$1,000,000 Personal and Advertising Injury Liability, \$1,000,000 each Occurrence, \$50,000 Fire Damage Liability and \$5,000 Medical Expense.

**AUTOMOBILE LIABILITY**

Coverage must be afforded including coverage for all Owned vehicles, Hired and Non-Owned vehicles for Bodily Injury and Property Damage of not less than \$1,000,000 combined single limit each accident.

**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY**

Coverage to apply for all employees at STATUTORY Limits in compliance with applicable state and federal laws; if any operations are to be undertaken on or about navigable waters, coverage must be included for the USA Longshoremen & Harbor Workers Act.

Employer's Liability limits for not less than \$100,000 each accident; \$500,000 disease policy limit and \$100,000 disease each employee must be included.

**BUILDER'S RISK / INSTALLATION FLOATERS (when applicable)**

When this contract or agreement includes the construction of and/or the addition to a permanent structure or building; including the installation of machinery and/or equipment, the following insurance coverage must be afforded:

Coverage Form: Completed Value, All Risk in an amount equal to 100% of the value upon completion or value of equipment to be installed.

When applicable: Waiver of Occupancy Clause or Cessation of Insurance clause. Flood Insurance as available under the National Flood Insurance Program.

**EMPLOYEE FIDELITY COVERAGE (only applicable to vendors whose employees handle funds)**

Employee Dishonesty coverage must be afforded for not less than \$500,000 Blanket all employees ISO Form

**OTHER INSURANCE PROVISIONS**

The policies are to contain, or be endorsed to contain, the following provisions:

**I Commercial General Liability and Automobile Liability Coverages**

a. The Alachua County Board of County Commissioners, its officials, employees and volunteers are to be covered as an Additional Insured as respects: Liability arising out of activities performed by or on behalf of the Contractor/Vendor; to include Products and/or Completed Operations of the Contractor/Vendor; Automobiles owned, leased, hired or borrowed by the Contractor.

b. The Contractor's insurance coverage shall be considered primary insurance as respects the County, its officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officials, employees or volunteers shall be excess of Contractor/Vendor's insurance and shall be non-contributory.

**II All Coverages**

The Contractor/Vendor shall provide a Certificate of Insurance to the County with a notice of cancellation. The certificate shall indicate if cover is provided under a "claims made" or "per occurrence" form. If any cover is provided under claims made from the certificate will show a retroactive date, which should be the same date of the contract (original if contract is renewed) or prior.

**SUBCONTRACTORS**

The Contractor/Vendor shall be responsible for all subcontractors working on their behalf as a condition of this agreement. All subcontractors of the Contractor/Vendor shall be subject to the same coverage requirements stated herein.

**CERTIFICATE HOLDER:** **Alachua County Board of County Commissioners**

**MAIL, EMAIL or FAX CERTIFICATES**

**The Certificate of Insurance must contain the following:**

Department Contact: **Neil Greishaw**  
Department: **Public Works**  
Dept. Contact Phone: **352.374.5245**  
Dept. Contact Email: **[ngreishaw@alachuacounty.us](mailto:ngreishaw@alachuacounty.us)**  
Bid: **19-226 Annual Aquatic and Right of Way (ROW) Vegetation Management Services**

Florida Waterways, Inc. carries Commercial General Liability that meets the County's specifications.

Florida Waterways, Inc. carries Automobile Liability that meets the County's specifications.

Florida Waterways, Inc. complies with the Statutory Worker's Compensation Law (F.S.S. Chapter 440).

If Florida Waterways, Inc. is the awarded vendor, we will issue a Certificate of Insurance (Accord Form) with Alachua County Board of County Commissioners named as an additional insured.

By:

A handwritten signature in black ink, appearing to read "Jim Schwartz", written over a horizontal line.

**Jim Schwartz**  
**President**

Bond Number: SCP3556

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned Principal and Surety are held and firmly bound unto

**ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS**

As Obligee in the penal sum of **-FIVE PERCENT (5%) OF THE TOTAL AMOUNT OF THE BID** of the total amount bid, the payment of which the Principal and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, by these presents.

WHEREAS, the Principal has submitted a bid for  
**19-226 ANNUAL AQUATIC AND RIGHT OF WAY (ROW) VEGETATION  
MANAGEMENT SERVICES**

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NOW THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, then this obligation shall be null and void, otherwise to remain in full force and effect. Provided, however, that if the Principal's bid would otherwise be declared non-responsive by the Obligee solely because the wording in this bond varies from that which is specified in the call for bids, then this document is hereby amended to include the wording so specified.

SIGNED, SEALED AND DATED THIS 20th DAY OF MARCH 2019.

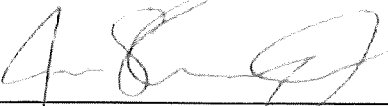
PRINCIPAL:

SURETY:


**FLORIDA WATERWAYS, INC.**

**LEXON INSURANCE COMPANY**

By:

  
\_\_\_\_\_  
Jim Schwartz, President

By:

  
\_\_\_\_\_  
GARY EASTMAN, Attorney in Fact



## POWER OF ATTORNEY

SCP3556

## Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that LEXON INSURANCE COMPANY, a Texas Corporation, with its statutory home office in Louisville, Kentucky, does hereby constitute and appoint: GARY EASTMAN its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, and its act and deed a BID BOND under bond or undertaking number SCP3556 issued on behalf of FLORIDA WATERWAYS, INC. as principal in the penal sum not to exceed \$ 250,000.00

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of LEXON INSURANCE COMPANY on the 1st day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$ 250,000.00 dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Assistant Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, LEXON INSURANCE COMPANY has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 22nd day of June, 2018.

LEXON INSURANCE COMPANY



BY

Brian Beggs  
President

## ACKNOWLEDGEMENT

On this 22nd day of June, 2018, before me, personally came Brian Beggs to me known, who be duly sworn, did depose and say that he is the President of LEXON INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



AMY TAYLOR  
Notary Public- State of Tennessee  
Davidson County  
My Commission Expires 07-08-19

BY

Amy Taylor  
Notary Public

## CERTIFICATE

I, the undersigned, Assistant Secretary of LEXON INSURANCE COMPANY, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the forgoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Seal at Mount Juliet, Tennessee this 20TH Day of MARCH, 2019.



BY

Andrew Smith  
Assistant Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."



Markisha Boykin

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**From:** Jim Schwartz <jim@floridapond.com>  
**Sent:** Wednesday, April 10, 2019 12:24 PM  
**To:** Markisha Boykin  
**Subject:** Addendum #4, 19-26 Aquatics Bid

Ms. Boykin,

Just writing to confirm that I am in receipt of Addendum #4 which extends the bid deadline.

Thank you,  
Jim Schwartz

Express

BID

19-226

AQUATIC

APR 9 19 AM 11:25

PEEL HERE

ORIGIN ID: NR3A (786) 280-0515  
JIM SCHWARTZ

9820 SCOTT MILL ROAD

JACKSONVILLE, FL 32257  
UNITED STATES US

SHIP DATE: 08 APR 19  
ACTWGT: 0.20 LB  
CAD: 112826074/INET4100

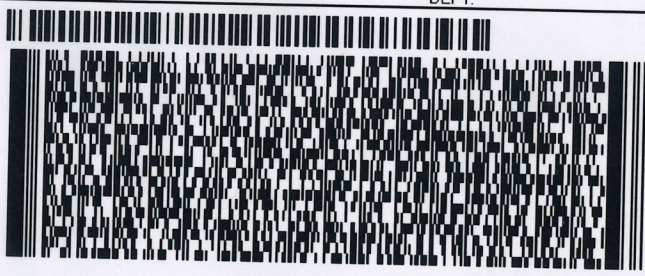
BILL SENDER

TO DIV. OF PURCHASING  
ALACHUA COUNTY  
121 SE 1ST STREET  
3RD FLOOR  
GAINESVILLE FL 32601

(352) 374-5245  
INV:  
PO:

REF: 19-226

DEPT:



565J1/D7E5/23AD

TUE - 09 APR 12:00P  
PRIORITY OVERNIGHT

TRK# 7749 0602 6508  
0201

31 GNVA

32601  
FL-US JAX



RT 117 1 12:00 B  
FZ 6508 04.09

Align bottom of peel-and-stick airbill or pouch h