



FRED FOX ENTERPRISES, INC

Providing Grant Writing and Administration Services

October 31, 2024

Mr. Andy Mogle, Purchasing Agent
City of Avon Park
110 E. Main Street
Avon Park, Florida 33825

RE: CDBG #I0122 – Fire Station Hardening Project
L. Cobb Construction, Inc.'s Application for Payment Number Two (#2)

Dear Mr. Mogle:

I have reviewed the documents and Application for Payment number two (#2) submitted by the contractor, L. Cobb Construction, Inc. for the period ending September 30, 2024. As part of this pay application the following payrolls are included:

1. L. Cobb Construction, Inc. – Number one (#1) thru number three (#3);

We have verified the payrolls for Davis Bacon compliance and found no discrepancies; therefore, we recommend payment be issued to L. Cobb Construction, Inc. in the amount of \$48,23.68.

If you have any questions, please do not hesitate to contact me at (904) 810-5183.

Sincerely,

Melissa N. Fox

Melissa N. Fox
Grants Compliance Manager

Enclosure

APPLICATION AND CERTIFICATE OF PAYMENT

TO (OWNER): City of Avon Park
98 S. Delaney Ave
Avon Park, FL, 33825

FROM (CONTRACTOR): L. Cobb Construction, Inc.
401 S. 6th Ave.
Wauchula, FL 33873

PROJECT: Avon Park Fire Station Hardening

PO Number: 287969
L24016

VIA (ENGINEER):

9/31/2024

APPLICATION NO.2

PERIOD ENDING:

COMMENCEMENT DATE:

ORIGINAL CONTRACT PERIOD:

EXTENDED CONTRACT PERIOD:

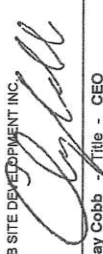
EXPIRED FROM COMMENCEMENT:

| CONTRACTOR'S APPLICATION FOR PAYMENT | | | |
|--|---------------|-----------|------------|
| CHANGE ORDER SUMMARY | | | |
| Change Orders approved in previous months by Owner | | ADDITIONS | DEDUCTIONS |
| TOTAL THRU CO # | | 0.00 | 0.00 |
| Approved this Month | | | |
| No. | Date Approved | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| TOTALS | | 0.00 | 0.00 |

Net change by Change Orders

Contractor hereby certifies that, except as specifically indicated on the attached documents, there are no Claims of Contractor, its Subcontractors or Suppliers as of the date of this Application for Payment that have not been completely resolved, that the Contractor has no knowledge of any unsolved Claims by Subcontractors or Suppliers, that all Subcontractors and Suppliers have been paid to date from funds received for previous Applications for Payment, that there is no known basis for filing of any claim on the Work and Contractor, upon receipt of funds due in this Application for Payment, hereby releases the Owner from any claims arising from the Work, except for retainage.

CONTRACTOR: COBB SITE DEVELOPMENT INC.

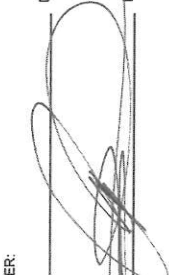
By:  Name - Clay Cobb Title - CEO

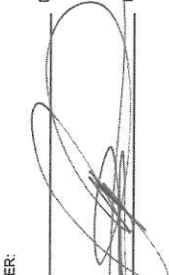
Date: 10/1/24

ENGINEER'S CERTIFICATION FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Engineer certifies to the Owner that to the best of the Engineer's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

ENGINEER:

By:  Date: 10/16/2024

OAR:  Date: 10/16/2024

Bond # 30125051

| | | |
|---|----|--|
| 1. ORIGINAL CONTRACT SUM | \$ | 659,247.07 |
| 2. Net change by Change Orders | \$ | 0.00 |
| 3. CONTRACT SUM TO DATE | \$ | 659,247.07 (1+2) |
| 4. TOTAL COMPLETED & STORED TO DATE | \$ | 79,997.09 (4a+4b+4c) |
| a. Completed Work - Previous Work Period | \$ | 29,172.16 |
| b. Completed Work - This Work Period | \$ | 50,824.93 |
| c. Stored Material | \$ | 0.00 |
| 5. TOTAL RETAINAGE: | \$ | 3,999.85 (5a+5b+5c) |
| a. 5% Retainage - Previous Work Period | \$ | 1,458.61 |
| b. 5% Retainage - This Work Period | \$ | 2,541.25 |
| c. 5% Retainage - Stored Material | \$ | 0.00 |
| 6. TOTAL EARNED LESS RETAINAGE | \$ | 75,997.23 (4-5) |
| 7. LESS PREVIOUS CERT. FOR PAYMENT | \$ | 27,713.55 |
| 8. PLUS DESIGNATED MOBILIZATION PAYMENT (DMP) | \$ | 0.00 |
| 9. CURRENT PAYMENT DUE | \$ | 48,283.68 (6-7+8+9) (Chg. DMP Less DMP * % Comp) |
| 10. BALANCE TO FINISH (INCLUDING RETAINAGE) | \$ | 583,249.84 (3+4+5) |

MONETARY PROGRESS: 12.13% TIME PROGRESS:

State of: Florida County of: Hardee

The foregoing instrument was acknowledged before me this 1st of October, 2024 by Clay Cobb of L. Cobb Construction Inc., a Florida corporation, on behalf of the corporation. He/she is personally known to me or has produced as identification and did (did not) take an oath.

Notary: Cole Buchanan

COLE BUCHANAN

Commission # HH 136752 My Commission Expi 6/2/2025

Expires June 2, 2025

Bonded thru Budget Notary Services

AMOUNT CERTIFIED: \$ 48,283.68

CONTRACTED:

By: _____ Date: _____

By: _____ Date: _____

By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

| ITEM | NO. | DESCRIPTION OF WORK | L. Codd Construction, Inc. | | | | | | | | | | PROJECT: Avon Park Fire Station Hardening | | | | | | | | | |
|--------------------------|-----|---|----------------------------|-----------------------------|---|------------|-----------|-----------------|----------------------------|------------------------------|-------------------|--------|---|-----------|-----------|------------|------|------------|--------|--|--|--|
| | | | PERIOD ENDING: 9/31/2024 | | | | | PREVIOUS APPL'S | | | | | THIS APPLICATION | | | | | TOTAL WORK | | | | |
| | | | Current Contract QUANT. | Current Contract Unit Price | Current Contract Amount (INCLUDES COPI) | Quant. | \$ Amount | Quant. | Work Completed This Period | Stored Material Put In-Place | Completed To Date | Quant. | \$ Amount | Quant. | \$ Amount | % Complete | | | | | | |
| Schedule of Values | | | | | | | | | | | | | | | | | | | | | | |
| Div 01 | | Mobilization | 1.00 | EA | \$24,905.65 | 24,905.65 | 0.50 | 12,452.83 | 0.50 | 12,452.83 | | | 0.00 | 0.00 | 1.00 | 24,905.65 | 0.00 | 0.00 | 100% | | | |
| Div 02 | | General Conditions | 1.00 | EA | \$104,369.93 | 104,369.93 | | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 104,369.93 | 0% | | | |
| Div 03 | | Demolition | 1.00 | EA | \$19,008.37 | 19,008.37 | | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 19,008.37 | 0% | | | |
| Div 04 | | Concrete | 1.00 | EA | \$12,812.89 | 12,812.89 | | | | | | | 1.00 | 12,812.89 | 0.00 | 0.00 | 1.00 | 12,812.89 | 100% | | | |
| Div 05 | | Masonry | 1.00 | EA | \$11,993.88 | 11,993.88 | | | | | | | 1.00 | 11,993.88 | 0.00 | 0.00 | 1.00 | 11,993.88 | 100% | | | |
| Div 06 | | Metals | 1.00 | EA | \$7,151.05 | 7,151.05 | | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 7,151.05 | 0% | | | |
| Div 07 | | Wood, Plastics and Composites | 1.00 | EA | \$53,634.10 | 53,634.10 | | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 53,634.10 | 0% | | | |
| Div 08 | | Thermal and Moisture Protection | 1.00 | EA | \$84,453.68 | 84,453.68 | | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 84,453.68 | 0% | | | |
| Div 09 | | Openings | 1.00 | EA | \$164,355.03 | 164,355.03 | | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 164,355.03 | 0% | | | |
| Div 10 | | Finishes | 1.00 | EA | \$76,967.51 | 76,967.51 | | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 76,967.51 | 0% | | | |
| Div 11 | | Equipment | 1.00 | EA | \$9,903.39 | 9,903.39 | | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 9,903.39 | 0% | | | |
| Div 23 | | HVAC | 1.00 | EA | \$33,438.67 | 33,438.67 | | | | | | | 0.50 | 13,965.33 | 0.00 | 0.00 | 0.91 | 30,284.67 | 91% | | | |
| Div 26 | | Electrical, Fire Alarm, conduit & wiring for div 27, 28 | 1.00 | EA | \$38,355.90 | 38,355.90 | | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 38,355.90 | 0% | | | |
| Div 27 | | Communications | 1.00 | EA | \$17,899.42 | 17,899.42 | | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 17,899.42 | 0% | | | |
| SUBTOTAL - BASE CONTRACT | | | | | | 659,247.07 | 29,172.16 | | | 50,824.93 | 0.00 | | | 79,997.09 | | | | 579,249.99 | 12.13% | | | |
| TOTAL | | | | | | 659,247.07 | 29,172.16 | | | 50,824.93 | 0.00 | | | 79,997.09 | | | | 579,249.99 | 12.13% | | | |



U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use: See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

| | | | | |
|--|---|--|---|----------------|
| NAME OF CONTRACTOR <input checked="" type="checkbox"/> | OR SUBCONTRACTOR <input type="checkbox"/> | ADDRESS 401 S 6th Ave Wauchula, FL 33873 | OMB No.: 1235-0008 Expires: 02/28/2018 | Rev. Dec. 2008 |
| PAYROLL NO. 1 | FOR WEEK ENDING 09/13/2024 | PROJECT AND LOCATION Avon Park Fire Station | PROJECT OR CONTRACT NO. L24016 | |

[illegible]

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 9 C.F.R. § 5.5(e)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information have relied legally required wages and fringe benefits

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date 10/23/24

I, April Diaz (Name of Signatory Party) Payroll Manager (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

L Cobb Construction (Contractor or Subcontractor) on the
Avon Park Fire Station (Building or Work); that during the payroll period commencing on the

7 day of September, 2024, and ending the 13 day of September, 2024,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

L Cobb Construction from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

Other Deductions: Child Support & 401K

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such employees,
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ — Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
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REMARKS:

L24016/SC24012

NAME AND TITLE
April Diaz - Payroll Manager

SIGNATURE

April Diaz

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

Date 10/23/24

I, April Diaz Payroll Manager
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

L Cobb Construction on the
(Contractor or Subcontractor)
Avon Park Fire Station
(Building or Work); that during the payroll period commencing on the

14 day of September, 2024, and ending the 20 day of September, 2024,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

L Cobb Construction from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

Other Deductions: 401K

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such employees,
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ - Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
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REMARKS:

L24016/SC24012

| NAME AND TITLE | SIGNATURE |
|--|-------------------|
| <u>April Diaz - Payroll Manager</u> | <u>April Diaz</u> |
| THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1101 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE. | |

NAME OF CONTRACTOR **7**

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. Dec. 2008

OMB No.: 1235-0008
Expires: 02/28/2018

ADDRESS 401 S 6th Ave Wauchula, FL 33873

L Cobb Construction

FOR WEEK ENDING

PROJECT AND LOCATION
Avon Park Fire Station

PROJECT OR CONTRACT NO.

L24016

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(e). The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(c)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date 10/23/24

I, April Diaz (Name of Signatory Party) Payroll Manager (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

L Cobb Construction (Contractor or Subcontractor) on the
Avon Park Fire Station (Building or Work); that during the payroll period commencing on the

21 day of September, 2024, and ending the 27 day of September, 2024,
all persons employed on said project have been paid the full weekly wages earned, that no rebates have
been or will be made either directly or indirectly to or on behalf of said

L Cobb Construction from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,
63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

Other Deductions: Child Support, Dental, Post Tax Ancillary Insurance

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in
the above referenced payroll, payments of fringe benefits as listed in the contract
have been or will be made to appropriate programs for the benefit of such employees,
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

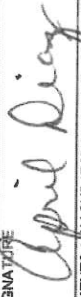
☒ - Each laborer or mechanic listed in the above referenced payroll has been paid,
as indicated on the payroll, an amount not less than the sum of the applicable
basic hourly wage rate plus the amount of the required fringe benefits as listed
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

| EXCEPTION (CRAFT) | EXPLANATION |
|-------------------|-------------|
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REMARKS:

L24016/SC24012

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|--|--|
| NAME AND TITLE April Diaz - Payroll Manager | SIGNATURE  |
| THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE. | |

AUTHORIZATION FOR PAYROLL DEDUCTIONS

I, Corey Daniel Crouse, authorize my employer, L Cobb Construction, Inc.
to make the following deductions from my pay:

Please check each deduction that applies and fill in the amount of the deduction beneath:

| | | |
|-----------------------------------|--------------------------------|---------------------------------|
| _____ Loan Repayment \$ _____ | _____ Retirement \$ _____ | _____ Child Support \$ _____ |
| _____ Advance \$ _____ | <u>X</u> Health Ins \$69.77 | _____ Life Ins \$ _____ |
| _____ Garnishment Fee \$ _____ | <u>X</u> Other \$15.41 | <u>X</u> Dental Ins \$6.00 |

If deduction is a percentage of the gross each pay period list percentage _____% &
Reason for Deduction – Other is \$1.42 for Vision Insurance & 15.41 for post tax
supplemental insurance.

This Deduction is to be made: (Please indicate how often the deduction is made, generally each time you
are paid depending how often you are paid as indicated below)

___ One time only X Weekly ___ Monthly

___ times for ___ weeks

___ Other: _____

Signature: _____

Date: 10/25/2011

AUTHORIZATION FOR PAYROLL DEDUCTIONS

I, Luis Antonio Arias, authorize my employer, L Cobb Construction, Inc to make the following deductions from my pay:

Please check each deduction that applies and fill in the amount of the deduction beneath:

| | | |
|-----------------------------------|------------------------------|--|
| _____ Loan Repayment \$ _____ | _____ Retirement \$ _____ | <u> X </u> Child Support \$184.02 |
| _____ Advance \$ _____ | _____ Health Ins \$ _____ | _____ Life Ins \$ _____ |
| _____ Garnishment Fee \$ _____ | _____ Other \$ _____ | _____ Dental Ins \$ _____ |

If deduction is a percentage of the gross each pay period list percentage _____% &
Reason for Deduction _____

This Deduction is to be made: (Please indicate how often the deduction is made, generally each time you are paid depending how often you are paid as indicated below)

___ One time only X Weekly ___ Monthly

___ times for _____ weeks

___ Other: _____

Signature: _____

Date: 10/25/24

AUTHORIZATION FOR PAYROLL DEDUCTIONS

I, Israel Ontiveros, authorize my employer, L Cobb Construction, Inc to make the following deductions from my pay:

Please check each deduction that applies and fill in the amount of the deduction beneath:

____ Loan Repayment ☒ Retirement ____ Child Support
\$ ____ \$100.00 \$ ____

____ Advance ____ Health Ins ____ Life Ins
\$ ____ \$ ____ \$ ____

____ Garnishment Fee ____ Other ____ Dental Ins
\$ ____ \$ ____ \$ ____

If deduction is a percentage of the gross each pay period list percentage ____% &
Reason for Deduction _____

This Deduction is to be made: (Please indicate how often the deduction is made, generally each time you are paid depending how often you are paid as indicated below)

____ One time only ☒ Weekly ____ Monthly

____ times for ____ weeks

____ Other: _____

Signature: Israel Ontiveros

Date: 10/25/24

AUTHORIZATION FOR PAYROLL DEDUCTIONS

I, Antonio Carrillo, authorize my employer, L Cobb Construction, Inc to make the following deductions from my pay:

Please check each deduction that applies and fill in the amount of the deduction beneath:

| | | |
|-----------------------------------|------------------------------|--|
| _____ Loan Repayment \$ _____ | _____ Retirement \$ _____ | <u> X </u> Child Support \$241.29 |
| _____ Advance \$ _____ | _____ Health Ins \$ _____ | _____ Life Ins \$ _____ |
| _____ Garnishment Fee \$ _____ | _____ Other \$ _____ | _____ Dental Ins \$ _____ |

If deduction is a percentage of the gross each pay period list percentage _____% &
Reason for Deduction _____

This Deduction is to be made: (Please indicate how often the deduction is made, generally each time you are paid depending how often you are paid as indicated below)

___ One time only X Weekly ___ Monthly

___ times for _____ weeks

___ Other: _____

Signature: Antonio Carrillo

Date: 10/26/24



401 S. 6th Avenue
Wauchula, FL
33873
Tel: 863-773-
3839/Fax: 863-773-3214

September 27, 2024

Melissa Fox
Fred Fox Enterprises, Inc.
melissa.fox@fredfoxenterprises.com
(904)669-8233

To Whom It May Concern:

L. Cobb Construction, Inc. and Cobb Site Development, Inc. authorize April Diaz with Certipay to sign our Certified Payroll Reports on behalf of the companies.

Sincerely,

A handwritten signature in black ink, appearing to read 'Clay Cobb', is written over a faint, larger version of the same signature.

Clay Cobb
CEO