

CITY OF AVON PARK, FLORIDA

Form #1

Bid Cover Sheet

Page 1 of 2

Bidder/Company Name (Capitalize): Cobb Site Development, Inc.  
Date Submitted: 11/12/2024 Bid Opening Date: 11/12/2024

Project Identification: BID # ITB #24-14  
Formal Bid Name: Paving, Striping, and Sidewalks on Fred Conner Street

As per sunbiz.org:

Entity Name: Cobb Site Development, Inc.  
Business Address: 401 S. 6th Ave Wauchula, FL 33873  
Authorized Signor: Clay Cobb Title: CEO  
Phone Number: 863-773-3839 E-Mail Address: operations@lcobbconstruction.com

Bidder's rep: Kyle Cobb Business phone: 863-773-3839 Cell phone: 863-781-4594

In submitting this Bid, Bidder makes all representations required by the Bid Documents and further warrants and represents that Bidder has examined copies of all the Bid Documents and of the following addenda:

No. 1 Dated: 10/24/2024 No.    Dated:                       
No.    Dated:                      No.    Dated:                       
No.    Dated:                      No.    Dated:                     

WILL PROVIDE CONTINUITY OF OPERATION DURING EMERGENCY? Yes  No

The undersigned, as Bidder, hereby declares that no person or persons other than the undersigned are interested in this Invitation To Bid as Principal, and that this bid is made without collusion with others; and that we have carefully read and examined all the Bid Documents and with full knowledge of all conditions under which the goods or services herein are contemplated must be furnished, hereby propose and agree to furnish the goods or services according to the requirements set out in the Bid Documents for said goods or services for the prices as listed on the subsequent pages.

Taxpayer Identification Number: 13-4205756

(1) Employer Identification Number -or- (2) Social Security Number\*

\* The City of Avon Park collects your social security number for tax reporting purposes

**ALL BIDS MUST BE SIGNED, SEALED AND EXECUTED BY AN AUTHORIZED CORPORATE AUTHORITY.** If that person is not the President, CEO, or Partner, this form shall be accompanied by the Company's **CORPORATE RESOLUTION** authorizing the signor.

Signed this 12th day of November, 20 24 :

Witnesses:  
Signed: [Signature]  
Print name: Shawn Hazard

Cobb Site Development, Inc.  
Corporate Name Printed

Signed: [Signature]  
Print name: Cole Buchanan

By: [Signature]  
Printed name and title: Clay Cobb, CEO

Company Submitting Bid: Cobb Site Development, Inc.

Bid # ITB #24-14 Bid Name: Paving, Striping, and Sidewalks on Fred Conner Street



**FORM 4 NON-COLLUSION AFFIDAVIT**

The undersigned Affiant, being duly sworn, deposes and says that:

1. Affiant is CEO of Cobb Site Development, Inc., the Contractor that has submitted the attached bid/proposal;
2. Affiant is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such bid/proposal;
3. Such bid/proposal is genuine and is not a collusive or sham bid/proposal;
4. Neither said Contractor nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affiant, has in any way colluded, connived, or agreed, directly or indirectly, with any other Bidder/Proposer, firm or person to submit a collusive or sham bid/proposal in connection with the Contract for which the attached bid/proposal has been submitted or to refrain from proposing in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Bidder/Proposer, firm, or person to fix the price or prices in the attached bid/proposal, or of any other Bidder/Proposer, or to fix any overhead, profit or cost element of the bid/proposal or the response of any other Bidder/Proposer, or to secure through any collusion, connivance, or unlawful agreement any advantage against the City of Avon Park, Florida or any person interested in the proposed Contract; and
5. The cost proposals in the attached bid/proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Contractor or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.
6. Further, Affiant sayeth not.

  
 Signature  
Clay Cobb  
 Print Name

CEO  
 Title  
11/12/2024  
 Date

STATE OF FLORIDA  
 COUNTY OF Hardee

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 12th day of November, 2024, by Clay Cobb.

(Seal)  




**COLE BUCHANAN**  
 Commission # HH 136752  
 Expires June 2, 2025  
 Bonded Thru Budget Notary Services

Signature of Notary Public  
Cole Buchanan

Print, Type/Stamp Name of Notary  
 Personally known: X  
 OR Produced Identification: \_\_\_\_\_  
 Type of Identification Produced: \_\_\_\_\_

**FORM 5**  
**SWORN STATEMENT ON**  
**PUBLIC ENTITY CRIMES**

**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.**

1. This sworn statement is submitted to: CITY OF AVON PARK, FLORIDA;  
[Print name of the public entity]

By: Clay Cobb  
[Print individual's name and title]

For: Cobb Site Development, Inc.  
[Print name of entity submitting sworn statement]

Whose business address is 401 S. 6th Ave, Wauchula, FL 33873

and (if applicable) its Federal Employer Identification Number (FEIN) is 13-4205756. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement):  
\_\_\_\_\_

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

a) A predecessor or successor of a person convicted of a public entity crime; or,

b) An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. **[Indicate which statement applies.]**:

X  Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [Attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Cobb Site Development, Inc.   [Signature]  CEO  
[Company Name] [Signature & Title]

STATE OF FLORIDA  
COUNTY OF  Hardee

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this  12th  day of  November , 20 24 , by  Clay Cobb

(Seal)  
 Cole Buchanan   
Signature of Notary Public  
 Cole Buchanan   
Print, Type/Stamp Name of Notary  
Personally known:  X   
OR Produced Identification: \_\_\_\_\_  
Type of Identification Produced: \_\_\_\_\_



**FORM #6 NEGLIGENCE OR BREACH OF CONTRACT DISCLOSURE FORM**

Type of Incident	Location of Court	Year of Incident	Final Outcome
1. N/A	N/A	N/A	N/A
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Negligence or Breach of Contract Disclosure Form. This form must be used to disclose any negligence or breach of contract litigation that your company may have been a party to over the past ten (10) years. You may need to duplicate this form to list all history. If the Bidder has more than ten (10) lawsuits, you may narrow them to litigation of the company or subsidiary submitting the Solicitation Response. Include, at a minimum, litigation for similar projects completed in the State of Florida. Final outcome should include in whose favor the litigation was settled and whether a monetary amount was awarded. The settlement amount may remain confidential. If you have no litigation, enter "None" in the first "type of incident" block of the form. Please do not write N/A on this form.

  
 \_\_\_\_\_  
 Signature

CEO  
 \_\_\_\_\_  
 Title

Clay Cobb  
 \_\_\_\_\_  
 Print Name

11/12/2024  
 \_\_\_\_\_  
 Date

FORM #7

DRUG-FREE WORKPLACE

The undersigned vendor (firm) in accordance with Chapter 287.087, Florida Statutes, hereby certifies that  
Cobb Site Development, Inc. does:  
(Name of Company)

1. Publish a statement notifying employees that the unlawful manufacturing, 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 contractual services that are under Proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the contractual services that are under Proposal, 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 893 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.

  
\_\_\_\_\_  
Signature

CEO  
\_\_\_\_\_  
Title

Clay Cobb  
\_\_\_\_\_  
Print Name

11/12/2024  
\_\_\_\_\_  
Date

Form #9

**EMPLOYMENT ELIGIBILITY VERIFICATION -- E-VERIFY**

The Contractor shall utilize the U.S. Department of Homeland Security's E-Verify system (<https://www.e-verify.gov/>) to verify the employment eligibility of all new employees the Contractor hired during the term of this Agreement. The Contractor shall include in all subcontracts under this Agreement, the requirement that subcontractors performing work or providing services pursuant to this Agreement utilize the E-Verify system to verify the employment eligibility of all new employees subcontractor hired during the term of the subcontract.

The Contractor agrees that unauthorized aliens shall not be employed nor utilized in the performance of the requirements of this solicitation. The City shall consider the employment or utilization of unauthorized aliens a violation of Section 274 A (e) of the Immigration and Naturalization Act (8 U.S.C. 1324a). Such violation shall be cause for unilateral termination of this Agreement by the City. As part of the response to this solicitation (bid), the successful contractor will complete and submit the attached form "Affidavit Certification Immigration laws".

Employers may avail themselves of a program by the U.S. Immigration and Customs Enforcement called E-Verify. E-Verify is an Internet based system operated by the U.S. Citizenship and Immigration Services (USCIS), part of the Department of Homeland Security (DHS), in partnership with the Social Security Administration (SSA). E-Verify is currently free to employers. E-Verify provides an automatic link to Federal databases to help employers verify employment eligibility of new hires, existing employees and the validity of their Social Security numbers.

If your company wishes to avail itself of this program, you can register online for E-Verify at <https://e-verify.uscis.gov/enroll/StartPage.aspx?JS=YES>

Which provides instructions for completing the registration process. At the end of the registration process you will be required to sign a Memorandum of Understanding (MOU) that provides the terms of agreement between you as employer, the SSA and the DHS. An employee who has signatory authority for the employer can sign the MOU. Employers can use their discretion in identifying the best methods by which to sign up their locations for E-Verify. To find out more about E-Verify, please visit [www.dhs.gov/e-verify](http://www.dhs.gov/e-verify) or contact the USCIS at 1-888-464-4218

**AFFIDAVIT CERTIFICATION IMMIGRATION LAWS**

**ITB #24-14 PAVING, STRIPING, AND SIDEWALKS ON FRED CONNER STREET**

The CITY OF AVON PARK will not intentionally award city contracts to any contractor who knowingly employs unauthorized alien workers constituting a violation of the employment provisions contained in Section 274A (e) of the Immigration and Naturalization Act (INA) (8 U.S.C. 1324a).

The City of Avon Park may consider the employment by any Contractor of Unauthorized Aliens a violation of section 274A(e) of the INA. Such violation by the recipient of the employment provisions contained in Section 274A(e) of the INA shall be grounds for the unilateral cancellation of the contract by the City of Avon Park.

The bidder attests that they are fully compliant with all applicable immigration laws (Specifically to the 1986 Immigration Act and subsequent amendments).


Cobb Site Development, Inc.  
[Company Name]

 CEO  
[Signature & Title]

STATE OF FLORIDA  
COUNTY OF Hardee

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 12th day of November, 2024, by Clay Cobb. Personally known: X OR

Produced Identification: \_\_\_\_\_ Type of Identification Produced: \_\_\_\_\_

(Seal)   
Signature of Notary Public  
Cole Buchanan



COLE BUCHANAN  
Commission # HH 136752  
Expires June 2, 2025  
Bonded Thru Budget Notary Services

Print, Type/Stamp Name of Notary

**FORM #10**  
**CONTRACTOR/VENDOR REFERENCES**

Name of company submitting bid: Cobb Site Development, Inc.  
Name of Company Contact Person: Kyle Cobb, COO

**References**

<p>Contact Person: <u>Mike Callender</u> Title: _____ Phone Number: <u>863-559-0994</u> E-Mail: <u>mikecallender@polk-county.net</u> Company Name: <u>Polk County BOCC</u> Address: <u>330 W Church St. Bartow, FL 33830</u></p>
<p>Contact Person: <u>Kerry Hooten</u> Title: _____ Phone Number: <u>941-809-3867</u> E-Mail: <u>Hootenk@cdmsmith.com</u> Company Name: <u>Sarasota County BOCC</u> Address: <u>1660 Ringling Blvd. Sarasota, FL 34236</u></p>
<p>Contact Person: <u>Jessica Newman</u> Title: _____ Phone Number: <u>863-767-0330</u> E-Mail: <u>jnewman@cityofwauchula.com</u> Company Name: <u>City of Wauchula</u> Address: <u>126 S 7th Ave. Wauchula, FL 33873</u></p>
<p>Contact Person: <u>John Dickson</u> Title: _____ Phone Number: <u>863-965-5511</u> E-Mail: <u>jdickson@auburndalefl.com</u> Company Name: <u>City of Auburndale</u> Address: <u>915 Charles Ave. Auburndale, FL 33823</u></p>
<p>Contact Person: <u>Jason Shepler</u> Title: _____ Phone Number: <u>904-278-0030</u> E-Mail: <u>jshepler@mittauer.com</u> Company Name: <u>Town of Zolfo Springs</u> Address: <u>104 Fifth St W Zolfo Springs, FL 33890</u></p>
<p>Contact Person: <u>Wayne Alleyne</u> Title: _____ Phone Number: <u>407-516-4747</u> E-Mail: <u>wayne.alleyne@jacobs.com</u> Company Name: <u>Seminole Tribe of Florida</u> Address: <u>Seminole Tribe Lakeland Trust</u></p>

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**AFFIDAVIT REGARDING LABOR AND SERVICES**

375-030-31  
PROCUREMENT  
07/24

Effective July 1, 2024, pursuant to §787.06(13), Florida Statutes, when a contract is executed, renewed, or extended between a nongovernmental entity and a governmental entity, the nongovernmental entity must provide the governmental entity with an affidavit signed by an officer or a representative of the nongovernmental entity under penalty of perjury attesting that the nongovernmental entity does not use coercion for labor or services.

Nongovernmental Entity's Name: Cobb Site Development, Inc.  
Address: 401 S. 6th Ave Wauchula, FL 33873  
Phone Number: 863-773-3839  
Authorized Representative's Name: Clay Cobb  
Authorized Representative's Title: CEO  
Email Address: operations@lcobbconstruction.com

**AFFIDAVIT**

I, insert nongovernmental entity's authorized representative name, as authorized representative attest that insert nongovernmental entity's name does not use coercion for labor or services as defined in §787.06, Florida Statutes.

Under penalty of perjury, I declare that I have read the foregoing Affidavit and that the facts stated in it are true.


  
(Signature of authorized representative)

11/12/2024  
Date

STATE OF FLORIDA  
COUNTY OF

Sworn to (or affirmed) and subscribed before me, by means of  physical presence or  online notarization, this

12th day of November (year), by



Notary Public, not required when digital  
June 2, 2025



COLE BUCHANAN  
Commission # HH 136752  
Expires June 2, 2025  
Bonded Thru Budget Notary Services

Commission Expires

Personally Known  OR Produced Identification

Type of Identification Produced

**FORM #11 BID BOND**

**STATE OF FLORIDA**  
**COUNTY OF Highlands**

KNOW ALL MEN BY THESE PRESENTS, that we, Cobb Site Development, Inc., as Principal, and Pennsylvania Insurance Company, as Surety, a Corporation chartered and existing under the laws of the State of Florida, with its principal offices in the City of Omaha, NE, and firmly bound unto the Sponsor in the full and just sum of FIVE Percent of Public Bid (\$ 5% .00) good and lawful money of the United States of America, to be paid upon demand by Sponsor, to which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators and assigns, joint and severally and firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the Principal has submitted the attached Solicitation, dated November 12, 2024, for a Contract entitled:

**AVON PARK ITB #24-14 PAVING, STRIPING, AND SIDEWALKS ON FRED CONNER STREET**

NOW, THEREFORE, if the Principal shall withdraw said Solicitation prior to date of opening same, or shall within ten (10) days after the prescribed forms are presented to him for signature enter into a written Contract with City of Avon Park, Florida, in accordance with the Solicitation as accepted, and give a Performance and Payment Bond with good and sufficient Surety or Sureties as be required, for the faithful performance and proper fulfillment of such Contract and for the prompt payment of all persons furnishing labor or materials in connection therewith; or, in the event of failure to enter into such Contract and give such Bond within the time specified, if the principal shall pay the City of Avon Park the difference between the amount specified in said Solicitation and the amount for which the City of Avon Park may procure the required work and/or supplies, provided the latter amount to be in excess the amount specified in said Solicitation, then the above obligations shall be void; otherwise, to remain in full force and effect.

IN WITNESS WHEREOF, the above written parties here executed this instrument under their several seals this 12 day of November, 2024, the name and corporate seal of each corporate party being hereto affixed and these

**ATTEST:**

Cobb Site Development, Inc.  
[Company Name as "Principal"]

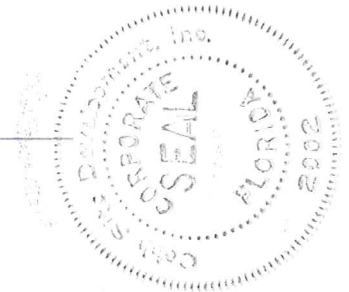
*Danella*  
Witness

By: *[Signature]*  
[signature of President]

Pennsylvania Insurance Company  
*Trava Ridlon*  
Printed Name Trava Ridlon, Attorney-in-Fact & Fla. Resident Agent

P.O. Box 3646, Omaha, NE 68103

Business Address



ITB #24-14 PAVING, STRIPING, AND SIDEWALKS ON FRED CONNER STREET

**POWER OF ATTORNEY NO. WALFWB01\_0523**

KNOW ALL MEN BY THESE PRESENTS: That the California Insurance Company, duly organized and existing under the laws of the State of California and having its principal office in the County of San Mateo, California, and Continental Indemnity Company, Illinois Insurance Company and Pennsylvania Insurance Company, corporations duly organized and existing under the laws of the State of New Mexico and having their principal office in the County of Santa Fe, New Mexico does hereby nominate, constitute and appoint:

Benjamin H. French, Brenda Waldorf Neill, K. Wayne Walker L. Dale Waldorf, Rebekah F. Sharp, Ronald J Hays, Trava Ridlon, William Scott Neill, Paul A. Locascio, Joshua T. Morgan, Kyle F. Fuller, Heather Hudgins

Its true and lawful agent and attorney-in-fact, to make, execute, seal and deliver for and on its behalf as surety, and its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship (NOT INCLUDING bonds without a fixed penalty or financial guarantee) provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

“Unlimited”

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of California Insurance Company, Continental Indemnity Company, Illinois Insurance Company and Pennsylvania Insurance Company.

“RESOLVED, That the President, Senior Vice President, Vice President, Assisted Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney of the Company, qualifying the attorney or attorneys named in given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the California Insurance Company, Continental Indemnity Company, Illinois Insurance Company and Pennsylvania Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto.”

IN WITNESS WHEREOF, California Insurance Company, Continental Indemnity Company, Illinois Insurance Company and Pennsylvania Insurance Company, has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer the 16th day of August 2023.

California Insurance Company, Continental Indemnity Company, Illinois Insurance Company, Pennsylvania Insurance Company

By Jeffrey A. Silver Jeffrey A. Silver, Secretary

STATE OF NEBRASKA  
COUNTY OF DOUGLAS SS:

On this 16th day of August A.D. 2023, before me a Notary Public of the State of Nebraska, in and for the County of Douglas, duly commissioned and qualified, came THE ABOVE OFFICER OF THE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Douglas, the day and year first above written.



Linda S. Davis  
(Notary Public)

I, the undersigned Officer of the California Insurance Company, a California Corporation of Foster City, California, Continental Indemnity Company, Illinois Insurance Company and Pennsylvania Insurance Company, New Mexico Corporations of Santa Fe, New Mexico, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 12 day of November, 2024

Jeffrey A. Silver Jeffrey A. Silver, Secretary

**FORM #13 SUBCONTRACTORS LIST**

Subcontractor Name	Area of Work	Contact Person	Phone Number & E-mail	Cert. MBE Y/N	Amount or Percentage of Total Bid
1. Mondragon	Milling / Paving	Richard Garcia	813-405-4335 richard.modragon paving@gmail.com	Y	40%
2. Stripe it Rite	Striping	Adrian Jones	863-285-7446 ajones@stripeitrite.com	N	10%
3.					
4.					
5.					
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9.					
10.					
11.					
12.					
13.					
14.					



Ron DeSantis, Governor

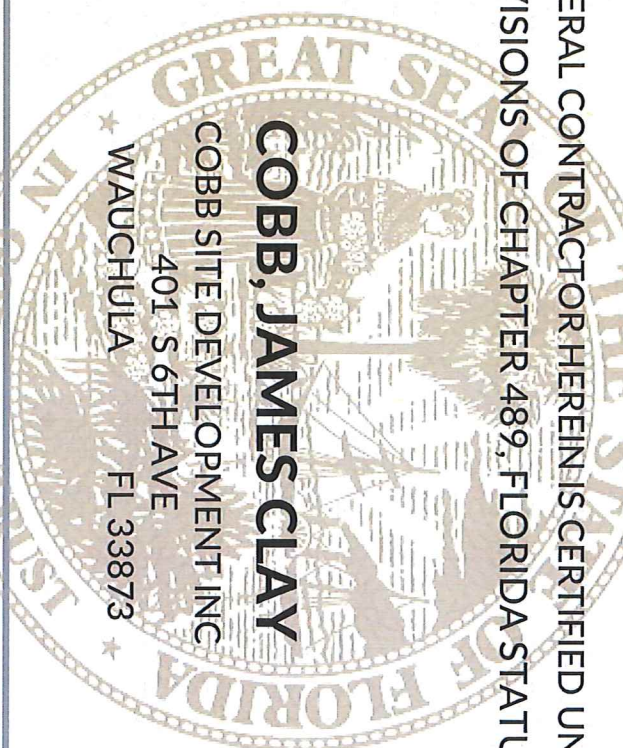
Melanie S. Griffin, Secretary



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD**

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



**COBB, JAMES CLAY**

COBB SITE DEVELOPMENT INC

401 S 6TH AVE

WAUCHULA

FL 33873

LICENSE NUMBER: CGC1516528

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)

ISSUED: 08/02/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD**

THE UNDERGROUND UTILITY & EXCAVATION CO. HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



**COBB, JAMES CLAY**

COBB SITE DEVELOPMENT, INC  
401 SOUTH SIXTH AVE  
WAUCHULA FL 33873

LICENSE NUMBER: CUC1224962

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)

ISSUED: 08/02/2024

Do not alter this document in any form.



This is your license. It is unlawful for anyone other than the licensee to use this document.



# LAVON COBB

President

## PROFILE

LAVON COBB STARTED THE BUSINESS IN 1979 AND INCORPORATED AS A GENERAL CONTRACTOR (L. COBB CONSTRUCTION, INC.) IN 1985. OWNED BY LAVON, LINDA, AND CLAY COBB, THE COMPANY HAS ACHIEVED STEADY GROWTH OVER THE PAST 42 YEARS. LAVON CONTINUES TO INSPIRE WITH HIS ENTREPRENEURIAL SPIRIT AND LEADERSHIP ABILITIES, AND HIS ATTENTION TO DETAIL ASSURE A REFINED CLIENT EXPERIENCE. THE COMPANY WAS FOUNDED UPON WHILE ALWAYS UTILIZING SELF-EVALUATION TO ENSURE THAT WE ARE BETTER TOMORROW THAN WE WERE TODAY.

## Contact

PHONE:

O: 863-773-3839

WEBSITE:

<https://cobbsitedevelopment.com>

<https://lcobbconstruction.com>

EMAIL:

[Lavon@LCobbConstruction.com](mailto:Lavon@LCobbConstruction.com)

## LICENSES & CERTIFICATIONS

### Licenses:

*FL State License: Certified General Contractor (CGC)*

*FL State License: Home and Property Inspector*

### Certifications:

*MSHA Certificate*

*Florida Phosphate Producer Certificate (FPP card)*

## WORK EXPERIENCE

### L Cobb Construction Inc. & Cobb Site Development - President

*1984 - Present*

Has established and continued to grow commercial construction company specializing in design/build and construction management projects. Projects completed have included multi-million dollar vertical and site construction projects, utilizing various funding sources including FAA and FDOT. All projects to date have been completed and without liquidated damages. Project completion and accelerated scheduling has been accomplished through utilization of internal self-performance of all site, concrete, and carpentry aspects of the projects.

### Lavon Cobb Construction Inc. - Owner

*1979 - 1984*

Established concrete and masonry business specializing in foundation construction and CMU wall construction. Work during this period included various residential and commercial construction projects as sub-contractor

## COMMUNITY INVOLVEMENT

- *City of Wauchula Airport Authority, Chairman*
- *Florida's First Assembly of God Church, Deacon, 13 Years*
- *Hardee County Chamber of Commerce, Past Vice-Chair*
- *Hardee County Economic Development Council, Past Board Member*
- *Hardee County Industrial Development Authority, Past Board Chair*
- *Hardee County Licensing Board, Board Member*
- *Hardee County YMCA, Past Chair 2 Terms*
- *Rotary Club of Hardee County, Charter Member, Past President 2 Terms - Rotarian of the Year in 2013*

## LICENSES & CERTIFICATIONS



# CLAY COBB

Chief Executive Officer  
(CEO)

### PROFILE

My goal is to have satisfied customers by completing projects on schedule and within budget. Relationships are the key, and a satisfied customer is our best advertisement.

Key components I bring to every project are:

- Formulating strategy
- Improving performance
- Procuring resources
- Securing compliance

### CONTACT

PHONE:

O: 863-773-3839

WEBSITE:

<https://cobbsitedevelopment.com>

<https://lcobbconstruction.com>

EMAIL:

[Clay@LCobbConstruction.com](mailto:Clay@LCobbConstruction.com)

#### Licenses:

*FL State License: Certified General Contractor (CGC)*

*FL State License: Certified Underground Utility and Excavation Contractor*

*FL State License: Building Contaminant (Mold) Remediator and Assessor*

*FL State License: EPA/RRP Lead Renovator*

*FL State License: Home and Property Inspector*

#### Certifications:

*OSHA Construction Safety & Health Certification*

*MSHA Certificate*

*FL Advanced Work Zone Traffic Control Certificate*

*FL DOT Office of Motor Carrier Compliance Safety Training Certificate*

*Powered Industrial Lift Truck Trainer Certification*

*Florida Phosphate Producer Certificate (FPP card)*

*TWIC Card*

## WORK EXPERIENCE

#### Cobb Site Development Inc. - CEO

*2005 - Present*

Responsible to oversee the company's ongoing operations and procedures. Works directly with other management teams members. Assists with decision making regarding the over-all strategy and direction of the company.

#### L Cobb Construction Inc. - CEO

*2005 - Present*

Responsible for over-all strategy and direction of the Company, developing and supporting the day-to-day management team. Decision making concerning allocating capital and the company's priorities.

#### Florida Sales and Rental, Inc. dba Grand Rental - CEO

*2008 - Present*

Responsible for over-all strategy and direction of the Company, developing and supporting the day-to-day management team including the General Manager. Decision making concerning allocating capital and the company's priorities.

## COMMUNITY INVOLVEMENT

- Hardee County YMCA Board of Directors *since 2008 - President since 2013*
- Hardee County Chamber of Commerce *since 2008 - President from 2015 - 2016*
- Fort Meade Chamber of Commerce Board of Directors *since 2015*
- Sarasota Family YMCA, Board of Directors *since 2013*
- Member Florida's First Assembly of God Church in Wauchula



# KYLE COBB

Chief Operating Officer  
(COO)

## PROFILE

My goal is to have satisfied customers by completing projects on schedule and within budget. Relationships are the key, and a satisfied customer is our best advertisement.

Key components I bring to every project are:

- Formulating strategy
- Improving performance
- Procuring resources
- Securing compliance

## CONTACT

PHONE:

O: 863-773-3839

WEBSITE:

<https://cobbsitedevelopment.com>

EMAIL:

[Kyle@LCobbConstruction.com](mailto:Kyle@LCobbConstruction.com)

## EDUCATION & CERTIFICATIONS

University of South Florida

Muma College of Business

2008 - 2011

*Bachelor of Science: Marketing & Management*

### Certifications:

MSHA Certificate - 2012

Florida Phosphate Producer Certificate (FPP card) - 2012

TWIC Card - 2012

### Community Involvement:

Hardee County YMCA, Board Member

Hardee County Youth Sports - Vice President

## WORK EXPERIENCE

Cobb Site Development Inc. / L Cobb Construction Inc.

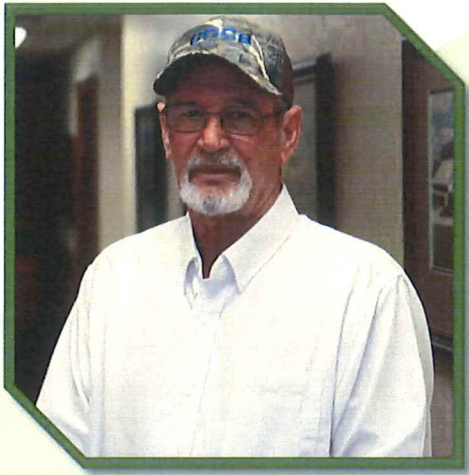
COO & Project Manager

2012 - Present

I coordinate and oversee scheduling and progress of projects. Assist with estimates to customers for L. Cobb Construction and Cobb Site development. I am also responsible for budgets and job costs associated with L. Cobb Construction and Cobb Site Development projects. I personally assist Clay Cobb with day-to-day operations-scheduling of manpower and equipment. Assist project superintendents with all aspects of onsite project coordination and supervision. I am a liaison between field operations and clients. Other duties and responsibilities include procurement and sub-contract coordination.

## MAJOR PROJECTS COMPLETED

- *Seminole Tribe of Florida - Lakeland Trust Infrastructure & Land Development Entryway*
- *Amazon - KLAL Gateway*
- *City of Winter Haven - Downtown Streetscape Improvements*
- *Mosaic - Ona Compound Phase 1 & 2*



# RICHARD HAYMANS

General Manager

## PROFILE

My goal is to have satisfied customers by completing projects on schedule and within budget. Relationships are the key, and a satisfied customer is our best advertisement.

Key components I bring to every project are:

- Formulating strategy
- Improving performance
- Procuring resources
- Securing compliance

## CONTACT

PHONE:

O: 863-773-3839

WEBSITE:

<https://cobbsitedevelopment.com>

EMAIL:

[Rhaymans@CobbSiteDevelopment.com](mailto:Rhaymans@CobbSiteDevelopment.com)

## EDUCATION & CERTIFICATIONS

### Certifications:

*MSHA Certificate*

*Florida Phosphate Producer Certificate (FPP card) - 2012*

*Worksite Traffic Supervisor certification*

*Asphalt Technician Level I*

*Qualified Storm Water Management Inspector*

## WORK EXPERIENCE

### **Cobb Site Development Inc – General Manager.**

*2007 - Present*

Direct supervision of site operations including projects under FAA and FDOT funding guidelines. Aspects of site construction have included earthwork, pavements, storm drainage up to 66", potable water systems, sanitary lift stations, gravity and force sanitary mains.

### **Freedom Pipeline Corp. – General Superintendent.**

*2002 - 2007*

Oversee all phases of Highway and Bridge construction including clearing. Embankment, subbase, base, and asphalt on major FDOT road construction projects. Duties include estimating, material procurement, scheduling of subcontractors and daily cost analysis of work performed. Projects from 3 to 15 million dollars.

### **Better Roads, Inc. – General Superintendent.**

*1995 - 2002*

Oversee development projects including clearing, embankment, subbase, base and asphalt on major FDOT road construction projects, county, city, and private projects averaging 35 million per year.

### **Kearney Development – Project Superintendent.**

*1994 - 1995*

Oversee development projects in and around Hillsborough Co. Duties include scheduling all work including clear and grub, cut and fill, sanitary sewer, storm sewer, water, subbase, base, and asphalt.

### **White Construction Co. – Superintendent.**

*1990 - 1994*

Oversee all construction projects in South Florida, including all phases of highway construction, Subcontractor scheduling, material procurement and Liaison to FDOT. Projects averaging 50 million per year.

### **Owner/President-N&N Paving**

*1984 - 1990*

Complete Site work for Commercial Developments in SW Florida including clear and grub, cut and fill, sanitary sewer, storm sewer, water, subbase, base, and asphalt

**White Construction Co. – Grade Foreman**

*1978 – 1984*

Oversee earthwork construction for multiple projects on I-75 new construction in SW Florida Florida, including all phases of highway construction.

**T&B General Contracting. – Grade Foreman**

*1977 – 1978*

*Dozer Operator promoted to Foreman constructing Rotonda West subdivision. Duties included overseeing all earthwork. Canal excavation, Stabilization, and Base construction*

## **MAJOR PROJECTS COMPLETED**

- *Lakeland Linder Airport – Taxiway H Rehab*
- *Tampa International Airport – Taxiway G Extension*
- *FFWCC – Fisheating Creek Campsite Improvements*
- *Sunlight Resorts - Resort at Canopy Oaks*



## Florida Department of Transportation

RON DESANTIS  
GOVERNOR

605 Suwannee Street  
Tallahassee, FL 32399-0450

JARED W. PERDUE, P.E.  
SECRETARY

March 04, 2024

COBB SITE DEVELOPMENT, INC  
401 SOUTH SIXTH AVE  
WAUCHULA, FLORIDA 33873

### RE: CERTIFICATE OF QUALIFICATION

The Department of Transportation has qualified your company for the type of work indicated below.

#### FDOT APPROVED WORK CLASSES:

DRAINAGE, FENCING, FLEXIBLE PAVING, GRADING, GRASSING, SEEDING AND SODDING, HOT PLANT-MIXED BITUM. COURSES, PORTLAND CEMENT CONCRETE ROADWAY PAVING, SIDEWALK, Driveways, Underground Utilities (Water & Sewer).

Unless notified otherwise, this Certificate of Qualification will expire **4/30/2025**.

In accordance with Section 337.14(4), Florida Statutes, changes to Ability Factor or Maximum Capacity Rating will not take effect until after the expiration of the current certificate of prequalification (if applicable).

In accordance with Section 337.14(1), Florida Statutes, an application for qualification must be filed within (4) months of the ending date of the applicant's audited annual financial statements.

If the company's maximum capacity has been revised, it may be accessed by logging into the Contractor Prequalification Application System via the following link:

<HTTPS://fdotwpl.dot.state.fl.us/ContractorPreQualification>

Once logged in, select "View" for the most recently approved application, and then click the "Manage" and "Application Summary" tabs.

The company may apply for a Revised Certificate of Qualification at any time prior to the expiration date of this certificate according to Section 14-22.0041(3), Florida Administrative Code (F.A.C.), by accessing the most recently approved application as shown above and choosing "Update" instead of "View." If certification in additional classes of work is desired, documentation is needed to show that the company has performed such work.

All prequalified contractors are required by Section 14-22.006(3), F.A.C., to certify their work underway monthly in order to adjust maximum bidding capacity to available bidding capacity. You can find the link to this report at the website shown above.

Sincerely,

James E. Taylor II, Prequalification Supervisor  
Contracts Administration Office

JTII

*Improve Safety, Enhance Mobility, Inspire Innovation*

[www.fdot.gov](http://www.fdot.gov)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/24/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER M. E. Wilson Company, LLC 300 W. Platt St. Ste 200 Tampa, FL 33606	1-813-229-8021	CONTACT NAME: Feather Wright PHONE (A/C, No, Ext): 813-984-3609 E-MAIL ADDRESS: fwright@mewilson.com	FAX (A/C, No): 813-434-2431
INSURED Cobb Site Development 401 S. 6th Ave. Wauchula, FL 33873		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: OLD REPUBLIC INS CO	24147
		INSURER B: MARKEL AMER INS CO	28932
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 70463589

REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	MWZY31794224	02/01/24	02/01/25	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	MWTB31794324	02/01/24	02/01/25	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS	X	X	MKLV2EUL105732	09/01/23	09/01/24	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	MWC31794124	02/01/24	02/01/25	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Inland Marine			MKLM21IM0001990	09/01/23	09/01/24	Leased/Rented Eqp 500,000 Deductible 2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

30 Days notice of cancellation applies except 10 days for non-payment of premium per policy terms and conditions.

**CERTIFICATE HOLDER****CANCELLATION**

For Information Purposes Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
-------------------------------	--

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ACORD 25 (2016/03)  
SH004  
70463589

The ACORD name and logo are registered marks of ACORD

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>COBB SITE DEVELOPMENT, INC</b>	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>401 SOUTH 6TH AVE</b>	<b>Requester's name and address (optional)</b>
	<b>6</b> City, state, and ZIP code <b>WAUCHULA, FL 33873</b>	
	<b>7</b> List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>	<b>Social security number</b>																				
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.  <b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">-</td> <td colspan="3" style="text-align: center;">-</td> <td colspan="4"></td> </tr> </table>											-			-						
-			-																		
	or <b>Employer identification number</b>																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">-</td> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">5</td> <td style="width: 20px; height: 20px;">7</td> <td style="width: 20px; height: 20px;">5</td> <td style="width: 20px; height: 20px;">6</td> </tr> </table>	1	3		-	4	2	0	5	7	5	6									
1	3		-	4	2	0	5	7	5	6											

<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>5/26/2022</u>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)  
 Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.  
*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000043597

**Entity Name:** COBB SITE DEVELOPMENT, INC.

**Current Principal Place of Business:**

401 SOUTH SIXTH AVENUE  
WAUCHULA, FL 33873

**Current Mailing Address:**

401 SOUTH SIXTH AVENUE  
WAUCHULA, FL 33873

**FEI Number:** 13-4205756

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COBB, LAVON  
401 SOUTH SIXTH AVENUE  
WAUCHULA, FL 33873 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D, T, P  
Name COBB, LAVON  
Address 401 SOUTH SIXTH AVENUE  
City-State-Zip: WAUCHULA FL 33873

Title D, V  
Name COBB, LINDA  
Address 401 SOUTH SIXTH AVENUE  
City-State-Zip: WAUCHULA FL 33873

Title D, S, CEO  
Name COBB, JAMES C  
Address 401 S. 6TH AVE  
City-State-Zip: WAUCHULA FL 33873

Title COO  
Name COBB, JUSTIN K  
Address 401 SOUTH SIXTH AVENUE  
City-State-Zip: WAUCHULA FL 33873

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES C COBB

CEO

04/13/2023

Electronic Signature of Signing Officer/Director Detail

Date

## My Company Account

# My Company Profile

## Company Information

<b>Company Name</b>	<b>Doing Business As (DBA) Name</b>
Cobb Site Development, Inc.	---
<b>Company ID</b>	<b>Enrollment Date</b>
774044	Apr 16, 2014
<b>Employer Identification Number (EIN)</b>	<b>Unique Entity Identifier (UEI)</b>
134205756	AFSD10442164
<b>DUNS Number</b>	<b>Total Number of Employees</b>
079383158	20 to 99
<b>NAICS Code</b>	<b>Sector</b>
238	Construction
<b>Subsector</b>	
Specialty Trade Contractors	