

TOWN OF DAVIE

TOWN COUNCIL AGENDA REPORT

TO: Mayor and Councilmembers

FROM/PHONE: Dan Oyler/797-1240 by Herb Hyman/797-1016

SUBJECT: Resolution

AFFECTED DISTRICT: All

TITLE OF AGENDA ITEM: A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, ACCEPTING THE BIDS FOR SUPPLY AND INSTALLATION OF CHAIN LINK AND PASTURE FENCE.

REPORT IN BRIEF: A competitive bid was conducted for the supply and installation of chain link and pasture fence needed for various Capital Projects and Public Works projects. The Town sent out specifications to fourteen (14) prospective bidders. Additionally, the bid was advertised state-wide in Florida Bid Reporting and nationally in BidNet and also posted on the Town's web site. The Town received three (3) bids. The recommendation is to award to the lowest bidder, Action Fence Corporation, as the primary source for chain link fence and award to Tropic Fence, Inc. the next lowest bidder, as the secondary source for chain link fence and award the 5 ft. pasture fence to Little Critters Corral, Inc. By awarding to a primary and a secondary source, the Public Works and Capital Projects Departments are assured that they will be able to proceed with projects on the Town's schedule without delay from a vendor whose work schedule may not allow him/her to immediately begin work the Town's project. The Town bid four (4) different types of fence in varying heights plus numerous sizes and styles of gates. The requirements of each project will dictate which of these vendors is the lowest for that particular project. The initial contract is a one (1) year term. The contract may be extended for an additional year by mutual agreement of the parties. Contract extensions, if appropriate, will be submitted to Town Council for approval.

PREVIOUS ACTIONS: Not applicable

CONCURRENCES: The recommended award has been reviewed by the Assistant Public Works Director and the Bid Specification Committee who concur with the decision to award to Action Fence as the primary source and Tropic Fence as the secondary source for chain link fence and award the 5 ft. pasture fence to Little Critters Corral, Inc.

FISCAL IMPACT:

Has request been budgeted? yes

If yes, expected cost: Commodity-dependant on the number of projects authorized

Account Name: Various Public Works and Capital Projects Accounts

Additional Comments: Not applicable

RECOMMENDATION(S): Motion to approve the resolution.

Attachment(s):

Procurement Authorization

Bid Tabulation

Incorporation documentation for each company

RESOLUTION NO. _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, ACCEPTING THE BIDS FOR SUPPLY AND INSTALLATION OF CHAIN LINK AND PASTURE FENCE.

WHEREAS, the Town is in need of the supply and installation of chain link and pasture fence for various Capital Projects and Public Works projects; and

WHEREAS, the Town solicited sealed bids for such chain link and pasture fence; and

WHEREAS, after review, the Town Council wishes to accept the lowest bid as the primary source and the second lowest bid as the secondary source.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. The Town Council hereby accepts the bid from Action Fence Corporation as the primary source and the bid from Tropic Fence, Inc. as the secondary source for the supply and installation of chain link fence and the bid from Little Critters Corral, Inc. for 5 ft. pasture fence with unit prices identified in Attachment "A".

SECTION 2. The Town Council hereby authorizes the expenditure from various Public Works and Capital Projects Accounts.

SECTION 3 The initial term is one (1) year with an option to extend the contract for one (1) additional year by mutual agreement of the parties. Contract extensions, if appropriate, will be submitted to Town Council for approval.

SECTION 4. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS _____ DAY OF _____, 2006

MAYOR/COUNCILMEMBER

Attest:

TOWN CLERK

APPROVED THIS _____ DAY OF _____, 2006

TOWN OF DAVIE PROCUREMENT AUTHORIZATION

ACCOUNT NUMBER _____ **BUDGET ITEM & DESCRIPTION** _____ **APPROXIMATE COST** _____
 Operating Budget of using Department Chainlink Fencing Dependent on amount of the project

METHOD OF PROCUREMENT (check the one that applies)

- Open Competitive Bidding
- Piggyback on Contract Number _____
- Sole Source
- Request For Proposals

SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED

Signed *Bill Beum*
 Department Head

Have Funds been Reserved N/A CANNOT SET UP A P. O. NA ACCT. # + NO AMOUNT.

Date 5/18/06 Signed *[Signature]* THIS IS AN ANNUAL CONTRACT.

Signed _____
 Town Administrator

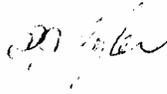
VENDOR	BIDS SUBMITTED	COST
<u>ACTION FENCE CORPORATION</u>	}	<u>SEE ATTACHED</u>
<u>TROPIC FENCE, INC.</u>		<u>BID</u>
<u>LITTLE CRISTERS CORRAL, INC.</u>		<u>TABULATION</u>

Signed *[Signature]*
 Procurement Manager

BID SPECIFICATION COMMITTEE'S RECOMMENDATION

Vendor	Cost
<u>ACTION FENCE CORPORATION - PRIMARY SOURCE</u>	<u>PER UNIT</u>
<u>TROPIC FENCE, INC. - SECONDARY SOURCE</u>	<u>PER LINE IN</u>
<u>LITTLE CRISTERS CORRAL, INC. - PASTURE FENCING</u>	<u>BID TABULATION</u>

TOWN OF DAVIE
PUBLIC WORKS
MEMORANDUM

To: Herb Hyman, Procurement Manager
From: Dan Oylar, Assistant Public Works Manager 
Date: June 22, 2006
Re: Bid Recommendation for Chain Link Fencing

The Public Works Department has reviewed the three (3) bid received by the Town for the Chain Link Fencing and has the following recommendation;

Primary Contractor for all fencing except 5 foot pasture fence - **Action Fence**

Secondary Contractor for all fence except 5 foot pasture fence - **Tropic Fence**

5 foot pasture fence - **Little Critters Corral**

	A	B	C	D	E	F	G	H	I	J	K
		TENNIS	GALV	PVC	PASTORE		TENNIS	GALV	PVC	PASTORE	
		Tropic Fence, Inc.					Action Fence Corporation				
83											
84											
85	Gates Double Swing:										
86	6 FT	\$638.00	\$638.00	\$802.00			\$583.00	\$500.00	\$665.00		
87	8 FT	\$716.00	\$716.00	\$862.00			\$675.00	\$573.00	\$775.00		
88	10 FT	\$900.00	\$900.00	\$1,072.00			\$763.00	\$646.00	\$875.00		
89	12 FT	\$900.00	\$900.00	\$1,072.00			\$893.00	\$777.00	\$975.00		
90	16 FT	\$1,117.00	\$1,117.00	\$1,179.00			\$1,016.00	\$975.00	\$1,205.00		
91	20 FT	\$1,393.00	\$1,393.00	\$1,449.00			\$1,256.00	\$1,100.00	\$1,550.00		
92	24 FT	\$1,672.00	\$1,672.00	\$1,739.00			\$1,500.00	\$1,255.00	\$1,762.00		
93	32 FT	\$2,229.00	\$2,229.00	\$2,318.00			\$2,211.00	\$2,080.00	\$2,752.00		
94											
95	Gates Single Roll:										
96	16 FT	\$1,140.00	\$1,140.00	\$1,266.00			\$1,439.00	\$1,247.00	\$1,813.00		
97	20 FT	\$1,290.00	\$1,290.00	\$1,470.00			\$1,806.00	\$1,569.00	\$2,267.00		
98	24 FT	\$1,440.00	\$1,440.00	\$1,620.00			\$2,120.00	\$1,845.00	\$2,656.00		
99	30 FT	\$1,800.00	\$1,800.00	\$2,025.00			\$2,665.00	\$2,314.00	\$3,400.00		
100											
101	Gates Single Cantilever:										
102	16 FT	\$2,400.00	\$2,400.00	\$2,949.00			\$3,107.00	\$3,107.00	\$4,510.00		
103	20 FT	\$2,625.00	\$2,625.00	\$3,150.00			\$3,471.00	\$3,471.00	\$5,082.00		
104	24 FT	\$2,830.00	\$2,830.00	\$3,400.00			\$3,835.00	\$3,835.00	\$5,512.00		
105	30 FT	\$3,300.00	\$3,300.00	\$3,750.00			\$4,418.00	\$4,418.00	\$6,324.00		
106											
107	Gates Double Roll										
108	24 FT	\$1,890.00	\$1,890.00	\$2,130.00			\$2,248.00	\$2,248.00	\$2,929.00		
109	32 FT	\$2,100.00	\$2,100.00	\$2,292.00			\$2,928.00	\$2,929.00	\$3,766.00		
110	40 FT	\$2,625.00	\$2,625.00	\$2,805.00			\$3,542.00	\$3,542.00	\$4,584.00		
111	60 FT	\$3,750.00	\$3,750.00	\$4,200.00			\$5,547.00	\$5,547.00	\$6,426.00		
112											
113	Gates Double Cantilever										
114	24 FT	\$4,113.00	\$4,113.00	\$4,350.00			\$5,487.00	\$5,487.00	\$7,956.00		
115	32 FT	\$5,100.00	\$5,100.00	\$4,665.00			\$6,176.00	\$6,176.00	\$8,954.00		
116	40 FT	\$5,467.00	\$5,467.00	\$5,530.00			\$6,936.00	\$6,936.00	\$10,063.00		
117	60 FT	\$6,750.00	\$6,750.00	\$7,237.00			\$8,763.00	\$8,768.00	\$12,694.00		
118											
119	6 Ft. Gates:										
120	HP TO 100 LF	\$27.63	\$27.63	\$30.88			\$25.60	\$21.45	\$29.90		
121	NO 1000 LF	\$25.29	\$25.29	\$28.54			\$21.75	\$18.75	\$26.00		
122	1001 to 5000 LF	\$14.60	\$14.60	\$18.25			\$21.75	\$18.75	\$26.00		
123	OVER 5000 LF	\$14.60	\$14.60	\$18.35			\$21.75	\$17.50	\$24.75		

	A	B	C	D	E	F	G	H	I	J	K	
			Tropic Fence, Inc.					Action Fence Corporation				
		TEENIS	GALV	PVC	PASTURE		TEENIS	GALV	PVC	PASTURE		
327												
328												
329	Gates Double Cantilever											
330	24 FT	\$5,475.00	\$5,475.00	\$6,150.00			\$8,502.00	\$9,502.00	\$12,327.00			
331	32 FT	\$6,225.00	\$6,225.00	\$7,125.00			\$10,114.00	\$10,114.00	\$14,439.00			
332	40 FT	\$6,937.00	\$6,937.00	\$8,250.00			\$11,414.00	\$11,414.00	\$16,550.00			
333	60 FT	\$9,300.00	\$9,300.00	\$10,200.00			\$15,054.00	\$15,054.00	\$21,828.00			
334												
335	Remove 4 Ft. Fence											
336	UP TO 100 LF	\$4.00	\$4.00	\$4.00	\$3.00		\$5.20	\$5.20	\$5.20	\$5.20		
337	101 TO 1000 LF	\$3.50	\$3.50	\$3.50	\$2.50		\$3.90	\$3.90	\$3.90	\$3.00		
338	1001 LF TO 5000 LF	\$3.50	\$3.50	\$3.50	\$2.50		\$3.25	\$3.25	\$3.25	\$2.50		
339	Over 5000 LF	\$3.50	\$3.50	\$3.50	\$2.50		\$2.60	\$2.60	\$2.60	\$2.00		
340												
341	Remove 6 Ft. Fence											
342	UP TO 100 LF	\$4.00	\$4.00	\$4.00	\$3.00		\$5.20	\$5.20	\$5.20			
343	101 TO 1000 LF	\$3.50	\$3.50	\$3.50	\$2.50		\$4.55	\$4.55	\$4.55			
344	1001 LF TO 5000 LF	\$3.50	\$3.50	\$3.50	\$2.50		\$3.90	\$3.90	\$3.90			
345	Over 5000 LF	\$3.50	\$3.50	\$3.50	\$2.50		\$3.25	\$3.25	\$3.25			
346												
347	Remove 8 Ft. Fence											
348	UP TO 100 LF	\$4.00	\$4.00	\$4.00	\$3.00		\$7.80	\$7.80	\$7.80			
349	101 TO 1000 LF	\$3.50	\$3.50	\$3.50	\$2.50		\$6.50	\$6.50	\$6.50			
350	1001 LF TO 5000 LF	\$3.50	\$3.50	\$3.50	\$2.50		\$5.20	\$5.20	\$5.20			
351	Over 5000 LF	\$3.50	\$3.50	\$3.50	\$2.50		\$3.90	\$3.90	\$3.90			
352												
353	Remove 10 Ft. Fence											
354	UP TO 100 LF	\$5.50	\$5.50	\$5.50	\$4.00		\$10.40	\$10.40	\$10.40			
355	101 TO 1000 LF	\$5.00	\$5.00	\$5.00	\$3.50		\$9.10	\$9.10	\$9.10			
356	1001 LF TO 5000 LF	\$5.00	\$5.00	\$5.00	\$3.50		\$7.15	\$7.15	\$7.15			
357	Over 5000 LF	\$5.00	\$5.00	\$5.00	\$3.50		\$5.20	\$5.20	\$5.20			
358												
359	Remove 12 Ft. Fence											
360	UP TO 100 LF	\$5.50	\$5.50	\$5.50	\$4.00		\$13.00	\$13.00	\$13.00			
361	101 TO 1000 LF	\$5.00	\$5.00	\$5.00	\$3.50		\$10.40	\$10.40	\$10.40			
362	1001 LF TO 5000 LF	\$5.00	\$5.00	\$5.00	\$3.50		\$8.45	\$8.45	\$8.45			
363	Over 5000 LF	\$5.00	\$5.00	\$5.00	\$3.50		\$6.50	\$6.50	\$6.50			
364												
365	Fence Extra Rails											
366	MIDDLE RAIL LF	\$3.50	\$3.50	\$4.00	\$4.00		\$4.55	\$4.55	\$6.50			
367	BOTTOM RAIL LF	\$3.50	\$3.50	\$4.00	\$4.00		\$4.55	\$4.55	\$6.50			

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Florida Profit

ACTION FENCE CORP.

PRINCIPAL ADDRESS

4663 S.W. 45 STREET
 DAVIE FL 33314
 Changed 07/29/1991

MAILING ADDRESS

4663 S.W. 45 STREET
 DAVIE FL 33314
 Changed 07/29/1991

Document Number G23479	FEI Number 592263516	Date Filed 02/10/1983
State FL	Status ACTIVE	Effective Date NONE
Last Event REINSTATEMENT	Event Date Filed 07/29/1991	Event Effective Date NONE

Registered Agent

Name & Address
SEAMAN, LEE G. 4663 S.W. 45 STREET DAVIE FL 33314
Name Changed: 07/29/1991
Address Changed: 07/29/1991

Officer/Director Detail

Name & Address	Title
SEAMAN, LEE G. 4663 S.W. 45 STREET DAVIE FL 33314	PST'D
POLCARI, PATRICK 4663 SW 45 ST	VD

DAVIE FL 33314

Annual Reports

Report Year	Filed Date
2004	02/19/2004
2005	02/21/2005
2006	03/27/2006

[Previous Filing](#)

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View Events

No Name History Information

Document Images

Listed below are the images available for this filing.

- | |
|---|
| 03/27/2006 -- ANN REP/UNIFORM BUS REP |
| 02/21/2005 -- ANN REP/UNIFORM BUS REP |
| 02/19/2004 -- ANN REP/UNIFORM BUS REP |
| 04/30/2003 -- ANN REP/UNIFORM BUS REP |
| 05/01/2002 -- COR - ANN REP/UNIFORM BUS REP |
| 04/23/2001 -- ANN REP/UNIFORM BUS REP |
| 03/03/2000 -- ANN REP/UNIFORM BUS REP |
| 02/03/1999 -- ANNUAL REPORT |
| 01/23/1998 -- ANNUAL REPORT |
| 01/15/1997 -- ANNUAL REPORT |
| 02/13/1996 -- 1996 ANNUAL REPORT |

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT



**Request for Taxpayer
Identification Number and Certification**

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

Print or type
See Specific instructions on page 2.

Name (as shown on your income tax return) ACTON FENCE CORPORATION	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) 4623 SW 45TH STREET (Orange Drive)	Requester's name and address (optional)
City, state, and ZIP code DAVIE, FLORIDA 33314	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number
59-226135716

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

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. person (including a U.S. resident alien).

Certification instructions. 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 on page 4.)

Sign Here	Signature of U.S. person <i>Patrick Polcari</i>	Date <i>10/15/06</i>
------------------	--	-------------------------

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding,
- or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

**Town of Davie
Vendor/Bidder Disclosure**

I, LEE SEAMAN, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: ACTION FENCE CORPORATION
 Address: 4663 SW 45th ST.
DAVIE, FL. 33314
 FEIN 59-2263516
 State and date of incorporation FLORIDA - 1983

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

	Full Legal Name	Address	Ownership
PRESIDENT -	LEE E. SEAMAN	5547 1st POND LANE WYCH, FL 33461	- 100 %
			%
VICE PRESIDENT	PATRICK M. FULCUM	7105 BUCKHART LANE, FL 33351	- %
			%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

By: [Signature]
Signature of Affiant

Date: 6/15/06

LEE C. SEAMAN
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 15th day of June 2006, by Lee C. Seaman he/she is personally known to me or has presented _____ as identification.

[Signature]
Notary Public, State of Florida at Large

Print or Stamp of Notary  John Louis Polcari, II
Commission #DD276572
Expires: Dec 21, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

Serial Number _____

My Commission Expires : _____



Florida Profit

TROPIC FENCE, INC.

PRINCIPAL ADDRESS

1864 NW 21 ST.
POMPANO BCH. FL 33069
Changed 06/16/1987

MAILING ADDRESS

1864 NW 21 ST.
POMPANO BCH. FL 33069
Changed 06/16/1987

Document Number
H93403

FEI Number
592642924

Date Filed
01/08/1986

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address
COOPER, KENNETH D. 400 SE 8TH ST. FT. LAUDERDALE FL 33316 Address Changed: 06/16/1987

Officer/Director Detail

Name & Address	Title
NESPOLI, DONNA 1864 NW 21 ST POMPANO BEACH FL 33069	PD
NESPOLI, STEVE 1864 NW 21 ST POMPANO BEACH FL 33069	VS

Annual Reports

Report Year	Filed Date
2004	03/23/2004
2005	03/22/2005
2006	04/24/2006

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No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

04/24/2006 -- ANNUAL REPORT
 03/22/2005 -- ANNUAL REPORT
 03/23/2004 -- ANNUAL REPORT
 04/23/2003 -- ANNUAL REPORT
 04/29/2002 -- ANNUAL REPORT
 01/20/2001 -- ANN REP/UNIFORM BUS REP
 01/12/2000 -- ANN REP/UNIFORM BUS REP
 01/26/1999 -- ANNUAL REPORT
 01/20/1998 -- ANNUAL REPORT
 01/28/1997 -- ANNUAL REPORT
 01/29/1996 -- 1996 ANNUAL REPORT

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)
[Corporation Help](#)

**Request for Taxpayer
Identification Number and Certification**

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

Print or type
See Specific Instructions on page 2.

Name TROPIC FENCE, INC.	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) 1864 N.W. 21st STREET	Requester's name and address (optional)
City, state, and ZIP code POMPANO BEACH, FL 33069	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number								

OR

Employer identification number								
5	9	2	6	4	2	9	2	4

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

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. person (including a U.S. resident alien).

Certification instructions. 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 on page 4.)

Sign Here	Signature of U.S. person ▶ <i>Steven P. Napoli</i>	Date ▶ <i>6-15-06</i>
------------------	--	-----------------------

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Town of Davie
Vendor/Bidder Disclosure**

I, STIEVE NESPOLI, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: TROPIC FENCE INC.
 Address: 1864 NW 21 St
Pompano Beach, Fl 33069
 FEIN 59-2642924
 State and date of incorporation Florida 1986

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
DONNA L. NESPOLI	1864 NW 21 St., Pompano Beach, Fl 33069	51 %
STIEVE NESPOLI	1864 NW 21 St., Pompano Beach, Fl 33069	49 %
		%
		%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address
N/A	

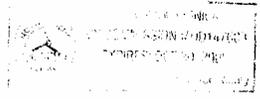
By: Steve Nespoli
Signature of Affiant

Date: 6/15/06

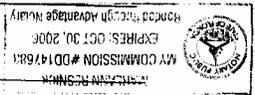
STEVE NESPOLI
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 15 day of
June 2006, by STEVE NESPOLI, he/she is
personally known to me or has presented known to me as
identification.

William Kenick
Notary Public, State of Florida at Large

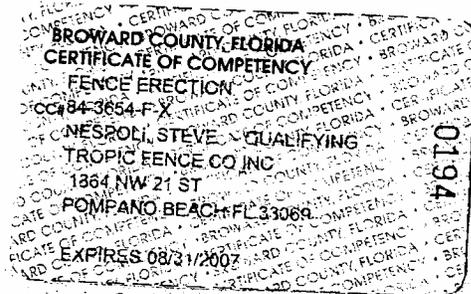


Print or Stamp of Notary



Serial Number

My Commission Expires : _____



CC # 84-3654-F-X
 STEVE NESPOLI
 QUALIFIER
 EXPIRES 8-31-2007

Board of County Commissioners, Broward County Florida
 BROWARD COUNTY OCCUPATIONAL LICENSE TAX
 AUG 02 2005

FORM NO. 401-280AC 25-061
 FOR PERIOD OCTOBER 1, 2005 THRU SEPTEMBER 30, 2006

RENEWAL TRANSFER SEC # 10 / 109
 NEW DATE BUSINESS OPENED 03/06/05
 STATE OR COUNTY CERT/REG # 34-3654-F-X
 Business Location Address:
 1864 NW 21 ST
 POMPANO BEACH FL 33069
 BUSINESS PHONE: (305) 978-1350

TAX	54.00
BACK TAX	
PENALTY	
T.C. FEE	
TRANSFER	
TOTAL	54.00

PENALTIES IF PAID	
OCT - 10%	NOV - 15%
DEC - 20%	After DEC 31 - 25%
* Plus Tax Delinquent Fee of \$25.00 Based on Total Tax Due if Paid On or Before November 15	

ACCOUNT NUMBER
 100-0004914

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED
 TO PUBLIC VIEW AT THE LOCATION ADDRESS ABOVE.

TROPIC FENCE CO INC
 STEVE NESPOLI
 1864 NW 21 STREET
 POMPANO BEACH FL 33069



TYPE OF LICENSE TAX PAID
 SPEC BLDR FENCE ERECTION
 30 UNITS

BROWARD COUNTY REVENUE COLLECTOR
 115 S. Andrews Avenue, Governmental Center Annex
 FORT LAUDERDALE, FL 33301
 www.broward.org/revenue

2005 - 2006

PAYMENT RECEIVED AS VALIDATED ABOVE *SEE INSTRUCTIONS ON BACK OF LAST COPY

PAID 08/23/05 7009199.0001 54.00

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/22/2005

PRODUCER (561)998-1570
Mack Group, Inc.
1900 NW Corporate Blvd.
Suite 101 E

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Boca Raton FL 33431

INSURERS AFFORDING COVERAGE NAIC #

INSURED

INSURER A: F C C I Insurance Group

Tropic Fence, Inc.
1864 NW 21st Street

INSURER B:

INSURER C:

INSURER D:

INSURER E:

Pompano Beach FL 33069

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Addt insured Blanket <input checked="" type="checkbox"/> Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	GL 0002968 2	8/21/2005	8/21/2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	UMB0001680 3	8/21/2005	8/21/2006	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	001WC05A52867	8/21/2005	8/21/2006	<input checked="" type="checkbox"/> WC STATUS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A		OTHER INLAND MARINE	CM0001346 3	8/21/2005	8/21/2006	SCHEDULED EQUIPMENT 158,166 LEASE/RENTED EQUIP 25000

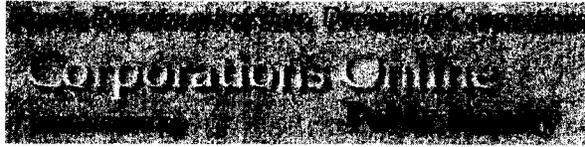
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
FENCE ERECTION CONTRACTORS

CERTIFICATE HOLDER

Town of Davie
6591 SW 45th STREET
DAVIE, FL 33314

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE 



Florida Profit

LITTLE CRITTERS CORRAL, INC.

PRINCIPAL ADDRESS
 1950 S.W. 115TH AVENUE
 DAVIE FL 33325

MAILING ADDRESS
 1950 S.W. 115TH AVENUE
 DAVIE FL 33325

Document Number
 P95000023448

FEI Number
 650566893

Date Filed
 03/23/1995

State
 FL

Status
 ACTIVE

Effective Date
 NONE

Registered Agent

Name & Address
ROBERT D. BURG, P.A. 1950 SW 115 AVE FORT LAUDERDALE FL 33325
Address Changed: 05/01/2003

Officer/Director Detail

Name & Address	Title
DEVEAUGH, NANCY 1950 S.W. 115TH AVENUE DAVIE FL 33325	D
DEVEAUGH, DENNIS 1950 SW 115 AVENUE DAVIE FL	D

Annual Reports

Report Year	Filed Date
2004	01/28/2004
2005	02/16/2005
2006	01/09/2006

[Previous Filing](#)

[Return to List](#)

[Next Filing](#)

No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

01/09/2006 -- ANN REP/UNIFORM BUS REP
02/16/2005 -- ANN REP/UNIFORM BUS REP
01/28/2004 -- ANN REP/UNIFORM BUS REP
05/01/2003 -- ANN REP/UNIFORM BUS REP
02/25/2002 -- ANN REP/UNIFORM BUS REP
04/20/2001 -- ANN REP/UNIFORM BUS REP
04/10/2000 -- ANN REP/UNIFORM BUS REP
02/18/1999 -- ANNUAL REPORT
02/03/1998 -- ANNUAL REPORT
02/17/1997 -- ANNUAL REPORT
02/20/1996 -- 1996 ANNUAL REPORT

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT



**Request for Taxpayer
 Identification Number and Certification**

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

Name (as shown on your income tax return)
NANCY Devereugh

Business name, if different from above
Little Britches Candy Inc

Check appropriate box Individual/
 Sole proprietor Corporation Partnership Other Exempt from backup
 withholding

Address (number, street, and apt. or suite no.)
1950 SW 115 Ave

City, state, and ZIP code
Dania FL 33325

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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 your social security number (SSN). However, for a resident
 alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is
 your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose
 number to enter.

Social security number
 | | | | | | | | | | | | | | | |

or

Employer identification number
61501516181913

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. 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 on page 4.)

Sign Here Signature of U.S. person **Nancy Devereugh** Date **6-12-06**

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester), when applicable, to:

- Certify that the TIN you are giving is correct for you are waiting for a number to be issued;
- Certify that you are not subject to backup withholding; or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States;
 - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; or
 - Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.
- Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
- The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:
- The U.S. owner of a disregarded entity and not the entity.

**Town of Davie
Vendor/Bidder Disclosure**

I, Nancy Deveau, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: Little Critics Cuddler
 Address: 1950 SW 115 Ave
Davie FL 33325
 FEIN: 65-0566893
 State and date of incorporation: FL 3-23-95

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>Nancy Deveau</u>	<u>1950 SW 115 Ave Davie</u>	<u>51%</u>
<u>Dennis Deveau</u>	<u>1950 SW 115 Ave Davie</u>	<u>49%</u>
_____	_____	_____ %
_____	_____	_____ %

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

By: Nancy Devcaugh
Signature of Affiant

Date: 6-13-06

Nancy Devcaugh
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 13th day of June 2006, by Nancy Devcaugh, he/she is personally known to me or has presented FL Driver license as identification.

Jill Anne Cuba
Notary Public, State of Florida at Large

Print or Stamp of Notary  Jill Anne Cuba
My Commission DD200037
Expires April 3, 2007

Serial Number _____

My Commission Expires : _____