

**TOWN OF DAVIE**  
**TOWN COUNCIL AGENDA REPORT**

**TO:** Mayor and Councilmembers

**FROM/PHONE:** Manny Diez, Director, Public Works/Capital Projects, (954) 797-1245

**PREPARED BY:** Daniel J. Oyler, Assistant Public Works Manager, (954) 797-1840

**SUBJECT:** Resolution

**AFFECTED DISTRICT:** Town Wide

**ITEM REQUEST:** **Schedule for Council Meeting**

**TITLE OF AGENDA ITEM:** A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, APPROVING AN EXTENSION TO THE BID BETWEEN THE TOWN AND ACTION FENCE CORPORATION FOR CHAIN LINK FENCE REPAIR AND INSTALLATION SERVICES AND LITTLE CRITTERS CORRAL FOR FIELD FENCING REPAIR AND INSTALLATION.

**REPORT IN BRIEF:** The Town previously conducted a formal bid for chain link fence and field fencing repair and installation services. The bid has a one year extension option, if agreed upon by all parties. Action Fence Corporation and Little Critters Corral have both agreed to an extension of the bid, with no price increase, until August 4, 2008, at which time the service shall be re-bid.

**PREVIOUS ACTIONS:** Resolution # 2006-207.

**CONCURRENCES:** Public Works

**FISCAL IMPACT:** Yes

Has request been budgeted? Yes

If yes, expected cost: \$ Depending on need

Account Name: Parks Ground Maintenance Contractual &  
Various Capital Projects Budgets

If no, amount needed: \$

What account will funds be appropriated from:

Additional Comments:

**RECOMMENDATION(S):** Motion to approve the resolution

**Attachment(s):** Resolution, Public Works Memo, Extension Letters from Vendors,  
Previous Resolution, Corporate Information

RESOLUTION \_\_\_\_\_

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, APPROVING AN EXTENTION TO THE BID BETWEEN THE TOWN AND ACTION FENCE CORPORATION. FOR CHAIN LINK FENCE REPAIR AND INSTALLATION SERVICES, AND LITTLE CRITTERS CORRAL FOR FIELD FENCING REPAIR AND INSTALLATION.

WHEREAS, the Town conducted a formal bid and awarded the bid for Chain Link Fence Repair and Installation to Action Fence Corporation and Little Critters Corral for Field Fencing; and

WHEREAS, the terms and conditions of the bid allow for a one year extension by mutual agreement of the parties; and

WHEREAS, the Town and the Contractor desire to extend the bid until August 4, 2008, with no cost increase.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF

DAVIE, FLORIDA:

SECTION 1. The Town Council hereby approves the extension for the bid with Action Fence Corporation and Little Critters Corral until August 4 2008 with no cost increase.

SECTION 2. Funding shall come from account number 001-0706-541-03-22 and various capital accounts.

SECTION 3. This Resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2007.

\_\_\_\_\_  
MAYOR/COUNCILMEMBER

ATTEST:

\_\_\_\_\_  
TOWN CLERK



**Public Works**

**Memorandum**

To: Herb Hyman, Procurement Manager  
From: Dan Oyler  
Through: Manny Diez, Public Works / Capital Projects Director  
Date: August 22, 2007  
Re: Extension of Chain Link Fence and Field Fence Bid.

The Public Works Department would like to extend the existing bid for Chain Link Fence Repair and Installation with Action Fence Corporation and Little Critters Corral for Field Fencing through August 4, 2008, at which time the service will need to be bid.

Action Fence Corporation and Little Critters Corral, by the attached, agrees to the extension under the same terms and conditions as the existing bid with no cost increase.

---

FAX: (954) 321-5722

(954) 473-5953

# **ACTION FENCE CORPORATION**

**OFFICE & WAREHOUSE  
4663 S.W. 45<sup>TH</sup> STREET  
DAVIE, FLORIDA 33314**

August 9, 2007

Public Works Department  
6901 Orange Drive  
Davie, Florida 33314

Dear Sirs,

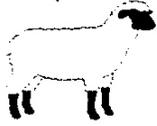
Action Fence wishes to extend the existing Chain Link Fence Bid until 8/04/08 under the same terms and conditions as the existing. There will be no cost increase associated with this extension.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick Polcari", with a circled "P" at the end of the signature.

Patrick Polcari – Vice President

# LITTLE CRITTERS CORRAL



"A Petting Zoo That Comes to You"

Nancy Deveaugh, President

8-21-07



Town of Davie  
Public Works Department  
6901 Orange Drive Davie, Florida 33314

Dear Sirs,

"Little Critters Corral, Inc. wishes to extend the existing Chain Link Fence Bid until 8/4/08 under the same terms and conditions as the existing. There will be no cost increase associated with this extension.

Thank you,

Nancy Deveaugh  
President

## Detail by Entity Name

### Florida Profit Corporation

ACTION FENCE CORP.

### Filing Information

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

### 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

### 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 PSTD

SEAMAN, LEE G.  
4663 S.W. 45 STREET  
DAVIE FL 33314

Title VD

POLCARI, PATRICK  
4663 SW 45 ST  
DAVIE FL 33314

## **Detail by Entity Name**

### **Florida Profit Corporation**

LITTLE CRITTERS CORRAL, INC.

### **Filing Information**

**Document Number** P95000023448

**FEI Number** 650566893

**Date Filed** 03/23/1995

**State** FL

**Status** ACTIVE

### **Principal Address**

1950 S.W. 115TH AVENUE  
DAVIE FL 33325

### **Mailing Address**

1950 S.W. 115TH AVENUE  
DAVIE FL 33325

### **Registered Agent Name & Address**

ROBERT D. BURGS, P.A.  
1950 SW 115 AVE  
FORT LAUDERDALE FL 33325 US

Address Changed: 05/01/2003

### **Officer/Director Detail**

#### **Name & Address**

Title D

DEVEAUGH, NANCY  
1950 S.W. 115TH AVENUE  
DAVIE FL 33325

Title D

DEVEAUGH, DENNIS  
1950 SW 115 AVENUE  
DAVIE FL

## 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

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 *Ben 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 CRITTERS CORRAL, INC.</u>		<u>TABULATION</u>

Signed *[Signature]*  
 Procurement Manager

**BID SPECIFICATION COMMITTEE'S RECOMMENDATION**

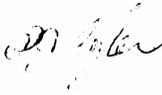
Vendor	Cost
<u>ACTION FENCE CORPORATION - PRIMARY SOURCE</u>	<u>PER UNIT</u>
<u>TROPIC FENCE INC. - SECONDARY SOURCE</u>	<u>PER LINE IN</u>
<u>LITTLE CRITTERS CORRAL, INC. - PASTURE FENCING</u>	<u>BID TABULATION</u>

**TOWN OF DAVIE**

**PUBLIC WORKS**

**MEMORANDUM**

To: Herb Hyman, Procurement Manager

From: Dan Oyler, 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
		Tropic Fence, Inc.						Action Fence Corporation			
		TENNIS	GALV	PVC	PASTURE		TENNIS	GALV	PVC	PASTURE	
83											
84	Gates Double Swing:										
85	86 6 FT	\$638.00	\$638.00	\$802.00			\$583.00	\$500.00	\$665.00		
87	8 FT	\$716.00	\$716.00	\$862.00			\$673.00	\$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			\$2,929.00	\$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. Fence:										
120	LP NO 100 LF	\$27.63	\$27.63	\$30.88			\$25.60	\$21.45	\$29.90		
121	101 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		













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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

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

**Registered Agent**

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

**Officer/Director Detail**

<b>Name &amp; Address</b>	<b>Title</b>
SEAMAN, LEE G. 4663 S.W. 45 STREET DAVIE FL 33314	PSTD
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**

[Public Inquiry](#)

[Corporations Help](#)



**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: 4623 SW 45<sup>th</sup> 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 1 <sup>st</sup> ROAD LAKE WORTH, FL 33461	- 100 %
			%
Vice PRESIDENT	PATRICK M. FULCARI	7105 BRIGHT ST LARGO, FL 33051	- %
			%

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

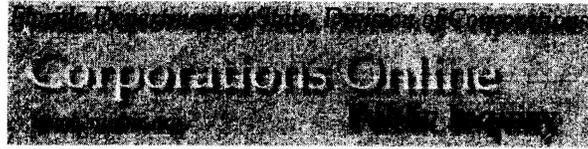
SUBSCRIBED AND SWORN TO or affirmed before me this 15<sup>th</sup> day of June 2006, by Lee C Seaman he/she is personally known to me or has presented \_\_\_\_\_ as identification.

[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

[Previous Filing](#)

[Return to List](#)

[Next Filing](#)

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](#)

[Corporations 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:  Individual/  
 Sole proprietor  Corporation  Partnership  Other  Exempt from backup  
 withholding

Address (number, street, and apt. or suite no.)  
**1864 N.W. 21st STREET**

City, state, and ZIP code  
**POMPANO BEACH, FL 33069**

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. 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:

- 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 Steven P. Neapol Date 6-15-06

**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) and, when applicable, to:

- Certify that the TIN you are giving is correct (or 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.

**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:

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

**Town of Davie  
Vendor/Bidder Disclosure**

I, STEVE 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 %
STEVE 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	

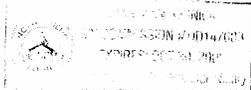
By: Steve Nespoli  
Signature of Affiant

Date: 6/15/06

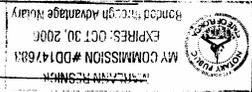
STEVIE NESPOLI  
Print Name

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

William K. ...  
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 0 2 2005

FORM NO.  
 401-280AC 25-061

FOR PERIOD OCTOBER 1, 2005 THRU SEPTEMBER 30, 2006

RENEWAL     TRANSFER    SEC # 18 / 189  
 NEW    DATE BUSINESS OPENED 08/08/05

STATE OR COUNTY CERT/REG # 34-3654-F.X  
 Business Location Address:  
 1864 NW 21 ST  
 POMPANO BEACH FL 33069  
 BUSINESS PHONE: (305) 978-1250

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 Collection Fee of \$5.00 to \$25.00 Based on % of License Fee Paid On or After November 11	

ACCOUNT NUMBER  
 189-0004314

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 BLDG FENCE ERECTION  
 20 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  
 Boca Raton FL 33431

INSURED  
 Tropic Fence, Inc.  
 1864 NW 21st Street  
 Pompano Beach FL 33069

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.

INSURERS AFFORDING COVERAGE NAIC #  
 INSURER A: **F C C I Insurance Group**  
 INSURER B:  
 INSURER C:  
 INSURER D:  
 INSURER E:

**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 LTR	ADD'L 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 STATUTORY LIMITS <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	SCHEDULE 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 *[Signature]*

## CERTIFICATE OF INSURANCE

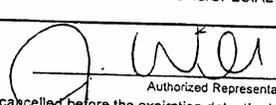
XALLSTATE INSURANCE COMPANY    ALLSTATE INDEMNITY COMPANY    ALLSTATE TEXAS LLOYD'S

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.

CERTIFICATE HOLDER	NAMED INSURED
Name and Address of Party to Whom this Certificate is Issued	Name and Address of Insured
NAMED AS ADDITIONAL INSURED AND CERTIFICATE HOLDER: TOWN OF DAVIE 6591 SW 45 <sup>TH</sup> STREET DAVIE, FL 33314	TROPIC FENCE INC  1864 NW 21 STREET POMPANO BEACH, FL 33069

This is to certify that policies of insurance listed below have been issued to the insured named above subject to the expiration date indicated below, 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.

### TYPE OF INSURANCE AND LIMITS

COMMERCIAL GENERAL LIABILITY	Policy Number	Effective Date	Expiration Date	Limit
				Amount
GENERAL AGGREGATE LIMIT (Other than Products - Completed Operations)				\$
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT				\$
PERSONAL AND ADVERTISING INJURY LIMIT				\$
EACH OCCURRENCE LIMIT				\$
PHYSICAL DAMAGE LIMIT				\$
MEDICAL EXPENSE LIMIT				\$
				ANY ONE LOSS
				ANY ONE PERSON
WORKERS' COMPENSATION & EMPLOYERS' LIABILITY	Policy Number	Effective Date	Expiration Date	Limits
Coverage				
WORKERS' COMPENSATION				STATUTORY - applies only in the following states:
EMPLOYERS' LIABILITY				BODILY INJURY BY ACCIDENT
				\$
				EACH ACCIDENT
				BODILY INJURY BY DISEASE
				\$
				EACH EMPLOYEE
				\$
				POLICY LIMIT
AUTOMOBILE LIABILITY	Policy Number	EFFECTIVE DATE	Expiration Date	Limits
	048793903	8/21/05	8/21/06	
Coverage Basis				
<input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS				
Combined Single Limit of Liability				
				BODILY INJURY & PROPERTY DAMAGE
				\$ 2,000,000
				EACH ACCIDENT
<input checked="" type="checkbox"/> SPECIFIED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				
<input type="checkbox"/> OWNED PRIVATE PASSENGER AUTOS; <input type="checkbox"/> OWNED AUTOS OTHER THAN PRIVATE PASSENGER				
Limits				
		Bodily Injury	Property Damage	Each
		\$	\$	PERSON
		\$	\$	ACCIDENT
UMBRELLA LIABILITY	Policy Number	Effective Date	Expiration Date	Limit
EACH OCCURRENCE				\$
				GENERAL AGGREGATE
				\$
				PRODUCTS - COMPLETED OPERATIONS AGGREGATE
				\$
OTHER (Show type of Policy)	Policy Number	Effective Date	Expiration Date	Limit
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS				
CANCELLATION				
Number of days notice <u>30</u>				
			 Authorized Representative	<u>March 13, 2006</u> Date
Should any of the above described policies be cancelled before the expiration date, the issuing company will endeavor to mail within the number of days entered above, written notice to the certificate holder named above. But failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.				

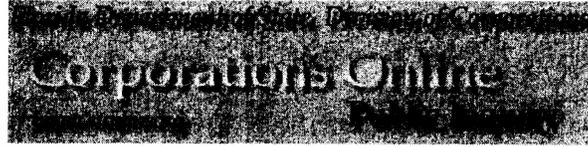
U10523-2

p. 2

954-476-7663

Allstate Insurance

Mar 13 06 10:04a



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

Table with 1 column: Name & Address. Content: ROBERT D. BURG, P.A., 1950 SW 115 AVE, FORT LAUDERDALE FL 33325, Address Changed: 05/01/2003

Officer/Director Detail

Table with 2 columns: Name & Address, Title. Rows: DEVEAUGH, NANCY (D), DEVEAUGH, DENNIS (D)

Annual Reports

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

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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**

[Corporations Inquiry](#)

[Corporations Help](#)



**Town of Davie  
Vendor/Bidder Disclosure**

I, Nancy Deveault, 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 Critters Coddle Inc  
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 Deveault</u>	<u>1950 SW 115 Ave Davie</u>	<u>51%</u>
<u>Dennis Deveault</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 Devaugh  
Signature of Affiant

Date: 6-13-06

Nancy Devaugh  
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 13<sup>th</sup> day of June 2006, by Nancy Devaugh, 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 : \_\_\_\_\_