

**DRAFT**

**COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST**

Applicant: Xtreme Equipment Date: \_\_\_\_\_

Status	Brief Description of Application Requirements
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Evidence the entity is authorized to do business with the State of Florida and in good standing with the Department of State. Section 4-1 C. (2)(a)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Information regarding the experience and qualifications of the applicant and its personnel with regard to Solid Waste collection. Section 4-1 C. (2)(b)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Information about the applicant's (including its principals, partners, and officers) involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases. Section 4-1 C. (2)(c)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	List of all vehicles, equipment and other physical assets [by make, model, capacity, size, type and VIN] the applicant will use to collect and transport Solid Waste when providing Commercial Collection service within Polk County. Section 4-1 C. (2)(d)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	List identifying the frequency of Commercial Collection Service applicant provides to its customers with the identification number, size, capacity, and type of each dumpster, roll cart, roll-off Container and compactor that the applicant will use to collect Commercial Solid Waste within the County. Section 4-1 C. (2)(e)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Applicant's acknowledgment and consent the County has the right to inspect the applicant's vehicles, Containers, compactors and other equipment at any time. Section 4-1 C. (2)(f)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Original Certificates of Insurance evidencing current compliance with CGL coverage (NLT \$2M per occurrence) and State statutory workers' comp. coverage (or waiver). Section 4-1 C. (2)(g)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Evidence the applicant has obtained all permits and licenses required by law or ordinance to provide Commercial Collection Service within the County. Section 4-1 C. (2)(h)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Delivery of Sworn affidavit confirming: (i) no unsatisfied judgments pending against the applicant; (ii) no liens of record filed by the IRS or State against the applicant; (iii) applicant will comply with all Ord. requirements and all applicable laws. Section 4-1 C. (2)(i)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Delivery of written indemnity of County from any loss which may result from the applicant, its employees, subcontractors, agents, failure to perform in compliance with the terms of the franchise or the Ordinance. Section 4-1 C. (2)(j)
<input checked="" type="checkbox"/> Met; <input type="checkbox"/> Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

**DRAFT**

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000063964

**Entity Name:** XTREME EQUIPMENT INC.

**Current Principal Place of Business:**

2126 SILS ROAD  
LAKE WALES, FL 33898

**Current Mailing Address:**

2126 SILS ROAD  
LAKEWALES , FL 33898 US

**FEI Number:** 46-3410631

**Certificate of Status Desired:** Yes

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

SIMPKINS, MACK NATHANIEL  
2126 SILS ROAD  
LAKEWALES , FL 33898 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:** MACK NATHANIEL SIMPKINS

04/27/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SIMPKINS, MACK NAHANIEL  
Address 2126 SILS ROAD  
City-State-Zip: LAKEWALES FL 33898

*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:** MACK N SIMPKINS

OWNER

04/27/2025

Electronic Signature of Signing Officer/Director Detail

Date

PLEASE CUT OUT CARD BELOW AND RETAIN FOR FUTURE REFERENCE

BLAISE INGOGLIA  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION



**NON-CONSTRUCTION INDUSTRY EXEMPTION**

**CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA  
WORKERS' COMPENSATION LAW**

EFFECTIVE DATE: 9/2/2025

EXPIRATION DATE: 9/2/2027

PERSON: MACK N SIMPKINS

EMAIL: XTREMEEQUIPINC@GMAIL.COM

FEIN: 463410631

**BUSINESS NAME AND ADDRESS:**

XTREME EQUIPMENT INC

2125 SILS ROAD,

LAKE WALES, FL 33898

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to [www.myfloridalicense.com](http://www.myfloridalicense.com).

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT  
Rule 69L-6.012, F.A.C. REVISED 08/2025

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**IMPORTANT**

Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt.

Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

E02202787

QUESTIONS? (850) 413-1609



BLAISE INGOGLIA  
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION**

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**NON-CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 9/2/2025

**EXPIRATION DATE:** 9/2/2027

**PERSON:** MACK N SIMPKINS

**EMAIL:** XTREMEEQUIPINC@GMAIL.COM

**FEIN:** 463410631

**BUSINESS NAME AND ADDRESS:**

XTREME EQUIPMENT INC

2126 SILS ROAD,  
LAKE WALES, FL 33898

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**CERTIFICATE OF INSURANCE****ISSUE DATE****12/18/2025**

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 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**

1st Class Insurance Services  
407 Hwy 17-92 W  
Haines City, FL 33844

**INSURER(S) AFFORDING COVERAGE****INSURER A:** Nautilus Insurance Company**INSURER B:** N/A**INSURED**

Xtreme Equipment Inc  
P O Box 365  
Davenport, FL 33836

**INSURER C:** N/A**INSURER D:** N/A**INSURER E:** N/A**COVERAGES**

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	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	General Liability	NN1808423	3/3/2025	3/3/2026	General Aggregate	\$2,000,000
					Products-Com/Op Agg.	Included
					Personal & Adv. Injury	\$2,000,000
					Each Occurrence	\$2,000,000
					Damage Prem Rented To You	\$100,000
					Med Expense (Any one person)	\$5,000
B	Personal Liability				Combined Single Limit	
					Medical Payments To Others	
C	Excess Liability				Each Occurrence	
					Aggregate	
D						
E	Property				Building	
					Contents	
					LossOfUse	

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

**Description of Operations / Specialty Items**

Contractors Equipment excluding automobiles rented to others without operators

SURPLUS LINES AGENT VIRGINIA CLANCY LICENSE#A206695  
13577 FEATHERSOUND DRIVE PO BOX 17069 CLEARWATER, FLORIDA 33762

**Certificate Holder**

Polk County Landfill  
10 Environmental Loop South  
Winter Haven, FL 33880

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 Signature**

**Xtreme Equipment, Inc**  
2126 Sils Rd  
Lake Wales, FL 33898  
(863) 449-1364

December 15, 2025

To Whom It May Concern:

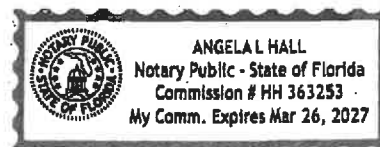
As of the date of the correspondence stated above, Xtreme Equipment Inc has never and is currently not involved in any type of litigation, judgments, and or liens, including the Internal Revenue Service and all state and or federal government litigation or civil suits or agency enforcement cases, Nor criminal proceedings.

  
Mack Simpkins

State of Florida  
County of Polk

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 15<sup>th</sup> day of December, 2025 by Mack Simpkins who is personally known to me or who has produced Driver License as identification.

  
Notary



**Xtreme Equipment Inc.**  
2126 Sils Rd  
Lake Wales, FL 33898  
(863) 449-1364

10/7/2025

The only owner of Xtreme Equipment Inc is Mack Simpkins.

  
Mack Simpkins

10/7/25  
Date

State of Florida  
County of Polk

The foregoing instrument was acknowledged before me this 7th day of October, 2025.

\_\_\_\_ Personally Known  
DL Produced Identification  
5512-554-76-4450



## **Xtreme Equipment Inc.**

2126 Sils Rd

Lake Wales, FL 33898

(863) 449-1364

October 7th, 2025

### **Mack Simpkins Qualifications**

- ❖ President of Xtreme Equipment, Inc. since 2013
- ❖ SFWMD contractor from 2013-2022
- ❖ Dumpster service from 2022 to present
- ❖ Demolition work from 2022 to present
- ❖ CDL for over 25 years
- ❖ Veteran - served in the National Guard from 1994 to 2001



## NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE Xtreme Equipment Inc

FOR YEAR 2025

DATE RECEIVED

**ACCEPTED**

[illegible]

## NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

Xtreme Equipment Inc

2025

## DATE RECEIVED

**DATE TO AUDITING**

**ACCEPTED**

[illegible]

**POLK COUNTY LOCAL BUSINESS TAX RECEIPT**  
**ACCOUNT NO. 217355**

**CLASS: A**

**EXPIRES:**

**09/30/2026**

**OWNER NAME**

**LOCATION**

**MACK N SIMPKINS**

**2126 SILS RD  
LAKE WALES**

**BUSINESS NAME AND MAILING ADDRESS**

**CODE      ACTIVITY TYPE**  
**110000    LTD AGRICULTURE**

**XTREME EQUIPMENT INC**  
XTREME EQUIPMENT INC  
2126 SILS RD  
LAKE WALES, FL 33898

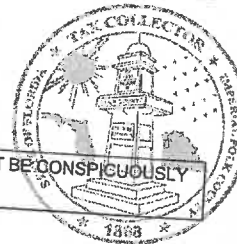
**OFFICE OF JOE G. TEDDER, CFC \* TAX COLLECTOR**

THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY  
DISPLAYED AT THE BUSINESS LOCATION

**PAID - 3512589 09/09/2025 OPY**

**OLP 31.50**

**XTREME EQUIPMENT INC**



AFFIDAVIT SUPPORTING RENEWAL OF NONEXCLUSIVE FRANCHISE TO COLLECT,  
REMOVE, AND TRANSPORT COMMERCIAL SOLID WASTE  
WITHIN POLK COUNTY

STATE OF FLORIDA  
COUNTY OF POLK

Before me, the undersigned notary public authorized to administer oaths, personally appeared MAC K SIMPKINS who, first being duly sworn, on oath deposes and states, as follows:

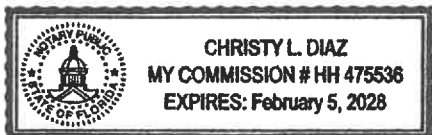
- 1) He is President of Xtreme Equipment Inc, a FLORIDA corporation.
- 2) He has personal knowledge of the facts stated in this Affidavit and that all such facts are true and correct.
- 3) There are no unsatisfied judgments entered against MAC K SIMPKINS.
- 4) There are no liens of record filed by the Internal Revenue Service against MAC K SIMPKINS.
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against SIMP KINS MAC K.
- 6) MAC K SIMPKINS acknowledges and consents that the County shall have the right to inspect Xtreme Equipment Inc vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, MAC K SIMPKINS has complied with all of the requirements stated in the Polk County Ordinance 13-069 and with all other applicable laws, and if awarded a renewal term MAC K SIMPKINS 1 year will continue to comply with the same.

Further the affiant sayeth not.

Dated the 7<sup>th</sup> day of October, 2025

Mack N. Simpkins  
Sworn Person Signature  
Mack N. Simpkins  
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 7<sup>th</sup> day of October, 2025, by MAC K SIMPKINS, who is either ☐ personally known to me; or ☒ has produced DL # 5512-554-76-445-0 as identification.



(AFFIX NOTORIAL SEAL)

Christy L. Diaz  
Notary Public Signature  
Christy L. Diaz  
Printed Name of Notary Public  
# HH 475536 / 2/5/2028  
Notary Commission Number/Expiration

**INDEMNITY**

**WHEREAS, THE UNDERSIGNED** MAC K SIMPKINS  
(the "Undersigned"), is the PRESIDENT of Xtreme Equipment Inc  
(the "Undersigned"), a FLORIDA CORPORATION,

**WHEREAS**, the Undersigned Xtreme Equipment Inc, is herewith submitting an application to Polk County, a political subdivision of the State of Florida, (the "County") for the grant, renewal, or modification of a non-exclusive commercial franchise (a "Commercial Franchise") to collect, remove and transport commercial solid waste within the geographic areas of Polk County; and

**WHEREAS**, the Commercial Franchise application process is described in Polk County Ordinance 13-069 (the "Ordinance") and requires, among other matters, that an applicant indemnify the County from and against any loss which may result from the applicant, its employees, subcontractors, and agents, failure to perform in accordance with the terms of the awarded Commercial Franchise and the terms of the Ordinance; and

**WHEREAS**, the Undersigned is duly authorized to execute this instrument by and on behalf of the Xtreme Equipment Inc

**NOW, THEREFORE**, in consideration of the benefits accruing to the Undersigned and for other good and valuable consideration, the Undersigned, by and on behalf of the Undersigned Xtreme Equipment Inc does hereby forever release, indemnify, keep, save, and hold harmless the County, its commissioners, officers, officials, and employees, from and against any and all damages, losses, penalties, liabilities, costs and expenses of any kind or nature whatsoever that is proximately caused by, incident to, resulting from, arising out of, or occurring in connection with, directly or indirectly, Xtreme Equipment Inc, its employees, subcontractors, or agents, failure to perform in compliance with the terms of the Commercial Franchise or failure to perform in compliance with the terms of the Ordinance.

**IN WITNESS WHEREOF**, the Undersigned has executed this instrument by and on behalf of the Undersigned Xtreme Equipment Inc this 1<sup>st</sup> day of October, 2025.

**ATTEST:**

By: \_\_\_\_\_

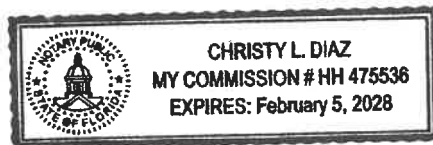
Christy L Diaz  
[Printed Name, Title]

a \_\_\_\_\_

By: \_\_\_\_\_

Xtreme Equipment Inc  
a FLORIDA CORPORATION  
MAC K SIMPKINS, PRESIDENT  
[Printed Name, Title]

**AFFIX NOTORIAL SEAL**



Payment Search

Search By

Payment ID

Payment ID

187173366

Search

Payment ID	Created	Customer Name	Status	Product	Amount
187173366	12/02/25 09:37 AM	Mack Simpkins	Approved - PCB	Miscellaneous Charges	\$752.95

Hide Details

Save Changes

Email Customer

View Receipt

Make Comment

New Payment

Approve Payment

Void Payment

Refund Payment

Returned

View Bank Info

Payment Summary

Payment ID: 187173366

Subtotal: \$750.00

Fee: \$2.95

Total: \$752.95

Type: Electronic Check

Routing: 263179804

Account: \*\*\*\*6953

Payment Details

Type: Purchase

Created: 12/02/25 09:37 AM

Status: Approved - PCB

Channel: WEB

Partner: Polk County BoCC - Solid Waste (FL)

Office: No Office

User:

Related:

Customer Details

Name: Mack Simpkins

Address: 2126 Sils Rd

City/ST/Zip: Lake waies FL 33898 US

Email: xtremetractor@hotmail.com

Phone: (863) 449-1364

Mobile:

Birthdate:

Comments:

Additional Details

Lineitem Details

PID	Product	Account	Qty	Subtotal	Fee	Total	Additional Details
187173366	Miscellaneous Charges	01	1	\$750.00	\$2.95	\$752.95	<a href="#">Click To View</a>