DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant:	Keels's Dumpster. Date: 11.04.25
Status	Brief Description of Application Requirements
☑ Met; 1.	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
Met; 2. ☐ 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)
✓ Met; 3.☐ 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)
Met; 4.	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) MUST BE NOTARIZED
Met; 5. ☐ 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)
☐ Met; 6.	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)
☐ Met; 7.	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)
☑ Met; 8.	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)
☐ Met; 9.	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)
☐ Met 10.	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) MUST BE NOTARIZED
☐ Met; 11.	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) MUST BE NOTARIZED
☐ Met 12.	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

Keel's Dumpsters 411 Mystery House Rd. Davenport,FL 33837 (863)289-5580

Date 10/29/2025

To whom it may concern:

As of the date of the correspondence stated above, KEEL'S DUMPSTERS as well as it's Managing Member/Owner, KIM DAVID KEEL has never and is currently not involved in any type of litigation, criminal proceedings, agency enforcement cases, judgements, and or liens including the Internal Revenue Service and all state and or federal government litigation' or civil suits.

I, Kim D Keel, MGR\Owner of Keel's Dumpsters, do attest the above statement to be true

and correct.

State Florida

KmDasl Wl County of Polk

The foregoing instrument was acknowledged before me this 29 (1)

CTOBER, 2025. Personally Know or Produced identification FUD



SHARON HENRY Notary Public State of Florida Comm# HH618928 Engines 12/5/2028





Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company
KEEL'S WELDING FABRICATION AND REPAIR LLC

Filing Information

 Document Number
 L21000302251

 FEI/EIN Number
 87-1480135

 Date Filed
 06/30/2021

State FL

Status ACTIVE

Principal Address

411 MYSTERY HOUSE RD DAVENPORT, FL 33837

Mailing Address

411 MYSTERY HOUSE RD DAVENPORT, FL 33837

Registered Agent Name & Address

KEEL, KIM D 411 MYSTERY HOUSE RD DAVENPORT, FL 33837-9064

Authorized Person(s) Detail

Name & Address

Title MGR

KEEL, KIM D 411 MYSTERY HOUSE RD DAVENPORT, FL 33837

Annual Reports

Report Year	Filed Date
2023	03/01/2023
2024	04/15/2024
2025	04/28/2025

Document Images

04/28/2025 -- ANNUAL REPORT

View image in PDF format

Zimmerman, Debra

From: Dave Keel <dave@keelsconstructionservices.com>

Sent: Friday, October 31, 2025 11:56 AM

To: Zimmerman, Debra

Subject: [EXTERNAL]: Re: Additional info

Attachments: DKEEL WC EXEMPT.pdf

Please see attached.

At Keel's Dumpsters, we understand that managing waste can often be daunting. Whether you're a homeowner planning a major renovation or a business owner aiming to maintain a clean and organized workspace, waste management should be the least of your worries. Our dumpster rental services are tailored to meet the unique needs of our local community, ensuring you have one less thing to stress about. When you choose us, you're choosing reliability, efficiency, and a partner committed to helping you keep your project on track.

Hi, hope this does the trick if not let us we enjoyed meeting with you today thanks for your help have a Blessed day.

From: Zimmerman, Debra <debrazimmerman@polk-county.net>

Sent: Friday, October 31, 2025 11:01 AM

To: Dave Keel <dave@keelsconstructionservices.com>

Subject: Additional info

Good morning,

Can you provide your worker comp Certificate or worker comp waiver.

Thank you

Debbie Zimmerman
Accounts Receivable Coordinator
Polk County Solid Waste Division
10 Environmental Loop S
Winter Haven, FL 33880
Office (863) 284-4363 ext: 214
debrazimmerman@polk-county.net





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

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

CONSTRUCTION INDUSTRY EXEMPTION

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

EFFECTIVE DATE: 10/29/2024 **EXPIRATION DATE**: 10/29/2026

PERSON: KIM D KEEL EMAIL: DAVE@KEELSCONSTRUCTIONSERVICES.COM

FEIN: 992604867

BUSINESS NAME AND ADDRESS:

KEEL'S CONSTRUCTION SERVICES LLC

411 MYSTERY HOUSE RD

DAVENPORT, FL 33837

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.

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.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT RULE 69L-6.012, F.A.C. REVISED 01/2023

E02020643

QUESTIONS? (850) 413-1609

MJONES

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/29/2025

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

CONTACT Michele longs

Cor 20 S	DUCER khill Insurance Agency, LLC 5. Bumby Ave				PHONE (A/C, No, I	Ext): (407) 8	398-8891	curanco com	FAX (A/C, No):	(407)	898-8813
Orla	ando, FL 32803			Þ	ADDRESS			surance.com			
								RDING COVERAGE			NAIC #
					INSURER	A : Securit	y National I	ns Co			19879
INSU	RED Keel's Welding Fabrication a	and D	onai		INSURER	В:					+
	Dumpster	anu K	epai	LLC upa Reel 5	INSURER	C :					
	411 Mystery House Rd				INSURER	D :					
	Davenport, FL 33837-9064			1	INSURER	E:					
					INSURER	F:					
				NUMBER:				REVISION NUM			
IV.	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	IOFAN DEDBY	IY CONTRAC THE POLICI	CT OR OTHER IES DESCRIB	ED HEREIN IS S	IH KESPE	:C	O WHICH THIS
INSR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	0	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR			SES1832403 00	1	10/28/2025	10/28/2026	DAMAGE TO RENT PREMISES (Ea occu	ED irrence)	\$	100,000
								MED EXP (Any one		\$	5,000
								PERSONAL & ADV		5	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC		\$	2,000,000
	POLICY PRO- LOC							PRODUCTS - COM		5	2,000,000
								111020010 001111		\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	
	ANY AUTO							BODILY INJURY (Pe	er person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Pe		\$	
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY							PROPERTY DAMAG		\$	
	AUTOS ONLY AUTOS ONLY							AT OF BOOKSONLY		\$	
Α	X UMBRELLA LIAB X OCCUR		-					EACH OCCURRENCE	?F	s	1,000,000
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	10,000							AGGREGATE		s	
	DED 14 KETERHORY							PER STATUTE	OTH- ER		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDE		s	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA I			
	If yes, describe under							E.L. DISEASE - POL		s	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - FOL	JOI LIMIT	9	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedule	e, may be	attached if mor	e space is requi	red)			
CEI	RTIFICATE HOLDER				CANCE	LLATION					
					THE	EXPIRATION	N DATE TH	ESCRIBED POLICE EREOF, NOTICE Y PROVISIONS.	IES BE C	ANCE BE D	LLED BEFORE ELIVERED IN
	Polk County, a political subc 330 W Church Street Rm 150 Bartow, FL 33830		on of	the State of Florida	AUTHORI:		Stevenso				
AC	ORD 25 (2016/03)					© 19	88-2015 AC	ORD CORPOR	ATION.	All ri	ghts reserved.

POLK COUNTY WASTE & RECYCLI						OFFICE USE ONLY			
FRANCHISEE Keel'S Dumpsters						DATE RECEIVED			
FRANCHISEE 12 4	els Nu	mpster	5			DATE TO AUDITING			
FOR YEAR						ACCEPTED			
CUSTOMER NAME		CONTAINER			CAPACITY	COLLECTION	FREQUENCY	CONTAINER IDENTIFICATION	
	DUMPSTER	COMPACTOR	ROLL OFF	OTHER	(CU YD)	ON CALL	DAYS/WK	NUMBER	
Rental			✓		12			1301	
Bental			V		12	V		1202	
Rental Rental Rental			V		12	/		1203	
Bental			✓		12	/		1204	
Rental	9		V		12	/		1205	
Bental			V		16			1601	
Rental			V		16	/		1602	
Rental			V		16	V		1603	
Reutal					16	V		1604	

POLK COUNTY WASTE & RECYCL	ING				OFFICE USE ONLY		
NON-EXCLUSIVE COMMERCIAL I	FRANCHISE ANNUAL VEHICLI	E LIST			DATE RECEIVED		
FRANCHISEE					DATE TO AUDITING		
FOR YEAR			i.		ACCEPTED		
VEHICLE MAKE	VEHICLE MODEL	YEAR	TYPE (RO, REL, FEL, ASL, ETC.)	CAPACITY (CU YD)	VEHICLE SIZE (GVW)	VEHICLE IDENTIFICATION NUMBER	
GMC	2500	2021				IGT49REY6MF	157531
						*	
					-		
4							
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AFFIDAVIT SUPPORTING RENEWAL OF NONEXCLUSIVE FRANCHISE TO COLLECT, REMOVE, AND TRANSPORT COMMERCIAL SOLID WASTE WITHIN POLK COUNTY

COUNTY OF	
Before me, KIM DAVIE	the undersigned notary public authorized to administer oaths, personally appeared KEEL who, first being duly sworn, on oath deposes and states, as follows:
1)	He is OWNER , a LLC 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 KWFR dba KEEL'S DUMPS,TERS
4)	There are no liens of record filed by the Internal Revenue Service against KWFR dba KEEL'S DUMPS.TERS
5)	There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against KWFR dba KEEL'S DUMPS TERS
6)	the right to inspect KWFR dba KEEL'S DUMPSTERS vehicles, containers, compactors, and other equipment at any time.
7)	During the time of the existing Commercial Franchise, KWFR dba KEEL'S DUMPSTERS 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 1 YEAR will continue to comply with the same.
Further the af	Fiant sayeth not.
Dated	sworn Person Signature KIM DAVID KEEL /OWNER Printed Name and Title of Sworn Person
The foregoing has produced	instrument was sworn (or affirmed) and subscribed before me this 29 day of 2025, by KIM KEEL , who is either personally known to me; or personally known to
(AFFIX NOT	SHARON HENRY Notary Public Signature State of Florida Comm# HH618928 Expires 12/5/2028 ORIAL SEAL) Notary Public Signature SHARON HENRY Notary Public Signature Notary Public Signature SHARON HENRY Notary Public Signature SHARON HENRY Notary Public Signature Notary Public Signature SHARON HENRY Notary Public Signature Notary Public Signature SHARON HENRY Notary Public Signature
(434 4 44 A 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	v

INDEMNITY

WHEREAS, THE U	NDERSIGNED	KIM DAVID KEEL
(the "Undersigned"), is the _	OWNER	of KWFR dba KEEL'S DUMPSTERS
(the "	"), a LLC	?
Polk County, a political subd or modification of a non-exc	ivision of the State of lusive commercial fra	, is herewith submitting an application to Florida, (the "County") for the grant, renewal, anchise (a "Commercial Franchise") to collect, in the geographic areas of Polk County; and
Ordinance 13-069 (the "Or indemnify the County from	dinance") and required and against any locured against any locured agents, failure to	pplication process is described in Polk County res, among other matters, that an applicant ss which may result from the applicant, its perform in accordance with the terms of the ne Ordinance; and
WHEREAS, the Understand the WHEREAS with the KWFR dba KEEL'S		horized to execute this instrument by and on
and for othe behalf of the KWFR dba KEEL'S keep, save, and hold harmles from and against any and al kind or nature whatsoever the of, or occurring in connection, its employees, subcoof the Commercial Franchic Ordinance.	or good and valuable of DUMPSTERS s the County, its complete to the county, its complete to the county, its complete to proximately cause to with, directly or indicators, or agents, fasse or failure to perform the county of th	the benefits accruing to the KWFR dba KEEL'S DUMPS's consideration, the Undersigned, by and on does hereby forever release, indemnify, unissioners, officers, officials, and employees, enalties, liabilities, costs and expenses of any sed by, incident to, resulting from, arising out rectly, KWFR dba KEEL'S DUMPSTERS ailure to perform in compliance with the terms form in compliance with the terms of the
IN WITNESS WHE	_	ed has executed this instrument by and on 9 day of OCTOBER, 20 25.
ATTEST:		
		a
By:	30.	By: KrinDard Wl
SHAKON HEUK [Printed Name		[Printed Name, Title]
AFFIX NOTORIAL SEAL	No Sti	HARON HENRY otary Public ate of Florida omm# HH618928 colres 12/5/2028

For Your Information: What You Need To Know About Tangible Personal Property

Every individual or firm doing business and located in Polk County is also subject to the tangible personal property requirement.

An initial tangible personal property tax return is required to be filed with the Polk County Property Appraiser's Office by April 1st of the year after the business opens. The initial return is required if the business owns or leases any personal property, without regard to the value of that personal property. In subsequent years, however, no return is required unless the combined value of all business equipment is more than 25,000 dollars.

To file an initial tangible personal property tax return or for additional information, visit Polk County Property Appraiser's Office website, polkpa.org.

POLK COUNTY LOCAL BUSINESS TAX RECEIPT

PAID - 3522449 09/15/2025 MCB

ACCOUNT NO. 244466	CLASS: A	E	XPIRES:	09/30/2026
OWNER NAME		LOCATI	ON	
KIM KEEL		411 MY DAVENI	STERY HOUS PORT	E RD
BUSINESS NAME AND MAILING ADDR	ESS	CODE	ACTIVITY	TYPE
KEELS WELDING FABRICATION & KEELS WELDING FABRICATION & REPAIR I 411 MYSTERY HOUSE RD DAVENPORT, FL 33836		230000	LTD NON-LIC	CENSED CONSTRUCTION ONLY
OFFICE OF JOE G. TEDDER, CFC * TA)	(COLLECTOR		COUNTY LOCAL BU	JSINESS TAX RECEIPT MUST BE CONSPICUOUSLY

31.50

KEELS WELDING FABRICATION & REPAIR LLC

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

STATE OF COUNTY (
Before me, KIM DAV		public authorized to administer oaths, personally appeared eing duly sworn, on oath deposes and states, as follows:
1)	He is OWNER	, a <u>LLC</u> corporation.
2)	He has personal knowled true and correct.	edge of the facts stated in this Affidavit and that all such facts are
3)	There are no unsatisfied	judgments entered against KWFR dba KEEL'S DUMPS TERS
4)	There are no liens KWFR dba KEEL'S DU	of record filed by the Internal Revenue Service against MPS.TERS
5)	thereof, against KWFR	cord filed by the State of Florida, or any agency or subdivision dba KEEL'S DUMPS TERS
6)	the right to inspect KV other equipment at any	acknowledges and consents that the County shall have #FR dba KEEL'S DUMPSTERS vehicles, containers, compactors, and
7)	complied with all of the	existing Commercial Franchise, KWFR dba KEEL'S DUMPSTERS has be requirements stated in the Polk County Ordinance 13-069 and laws, and if awarded a renewal term 1 YEAR with the same.
Further the a	ffiant sayeth not.	
Dated	the day of <u>C</u>	Sworn Person Signature KIM DAVID KEEL /OWNER Printed Name and Title of Sworn Person
The foregoin	,202, by him he	or affirmed) and subscribed before me this 29 TH day of EL, who is either \(\pi \) personally known to me; or \(\pi \) as identification.
	SHARON HENRY Notary Public State of Florida Comm# HH618928 Expires 12/5/2028	Notary Public Signature SHARON HENR Printed Name of Notary Public 12 05 202 8
(AFFIX NO	FORIAL SEAL)	Notary Commission Number/Expiration

INDEMNITY

WHEREAS, THE UNDERSIGNED KIM DAVID KEEL
(the "Undersigned"), is the OWNER of KWFR dba KEEL'S DUMPSTERS
(the " "), a LLC ,
WHEREAS, the KIM DAVID KEEL 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 KWFR dba KEEL'S DUMPSTERS
NOW, THEREFORE, in consideration of the benefits accruing to the KWFR dba KEEL'S DUMPSTERS and for other good and valuable consideration, the Undersigned, by and on behalf of the KWFR dba KEEL'S DUMPSTERS 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, KWFR dba KEEL'S DUMPSTERS 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 KWFR dba KEEL'S DUMPSTERS this 29 day of OCTOBER, 2025.
ATTEST:
a
By: KinDas W. SHAKON HENKY-NOTAKY, PUBLIC Kin David KEEZ [Printed Name, Title] [Printed Name, Title]
AFFIX NOTORIAL SEAL SHARON HENRY Notary Public State of Florida Comm# HH618928 Expires 12/5/2028

Keel's Dumpsters 411 Mystery House Rd. Davenport, FL 33837 (863)289-5580

Date 10/29/2025

To whom it may concern:

As of the date of the correspondence stated above, KEEL'S DUMPSTERS as well as it's Managing Member/Owner, KIM DAVID KEEL has never and is currently not involved in any type of litigation, criminal proceedings, agency enforcement cases, judgements, and or liens including the Internal Revenue Service and all state and or federal government litigation' or civil suits.

I, Kim D Keel, MGR\Owner of Keel's Dumpsters, do attest the above statement to be true Kin Dash Will County of Polk and correct.

State Florida

The foregoing instrument was acknowledged before me this 29% day of 000% Personally Know or Produced identification 000%.



SHARON HENRY **Notary Public** tate of Florida Expires 12/5/2028



FUND	COST CENTER	ACCOUNT	PROJECT
R: NON JY	dusine Commerce	bel s	750.80
Hano	hise Fee	\$	
		\$	
SH CCK CD CD 05/12	BY LEATHER TUP	TOTAL	\$750.00

KEELS WELDING FABRICATION AND REPAIR LLC	1056
931 678-0990 411 MYSTERY HOUSE RD	D-30-2025 63-7980/2631
DAVENPORT, FL 33837 Pay to the	Date CHECK ARRANGE
Order of 10/6 County Delid Wast	\$ 750,00
Susan numbered and for	Dollars Photo Safe Deposite Distance
MIDFLORIDA Credit Union	O
For Non exclusive Commercial Franchise	000
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