

**DRAFT**

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

Applicant: Keith Bond - Paradise Lawn Care

Date: 8/18/25

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)

*containingst. Emergency  
letter or Resume of Experience*

**DRAFT**

*9-16-25 Sent Email again*



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Profit Corporation

PARADISE LAWN CARE OF CENTRAL FLORIDA, INC.

### Filing Information

<b>Document Number</b>	P01000034399
<b>FEI/EIN Number</b>	59-3710846
<b>Date Filed</b>	04/02/2001
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	10/10/2019

### Principal Address

1540 N. Scenic Hwy  
LAKE WALES, FL 33853

Changed: 04/23/2016

### Mailing Address

1117 S. Lake Starr Blvd  
LAKE WALES, FL 33898

Changed: 04/24/2017

### Registered Agent Name & Address

BOND, KEITH  
1117 S. Lake Starr Blvd  
LAKE WALES, FL 33898

Name Changed: 10/10/2019

Address Changed: 04/24/2017

### Officer/Director Detail

#### **Name & Address**

Title PP

BOND, KEITH

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2025**  
**Secretary of State**  
**1676932189CC**

DOCUMENT# P01000034399

**Entity Name:** PARADISE LAWN CARE OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1540 N. SCENIC HWY  
LAKE WALES, FL 33853

**Current Mailing Address:**

1117 S. LAKE STARR BLVD  
LAKE WALES, FL 33898 US

**FEI Number:** 59-3710846

**Certificate of Status Desired:** No

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

BOND, KEITH  
1117 S. LAKE STARR BLVD  
LAKE WALES, 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:** KEITH BOND

02/10/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PP  
Name BOND, KEITH  
Address 1117 S. LAKE STARR BLVD  
City-State-Zip: LAKE WALES 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:** KEITH BOND

PP

02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/29/2026

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Lindsey Quinn	
Soles Insurance Group Inc.		<b>PHONE (A/C, No, Ext):</b> 941-460-3684	<b>FAX (A/C, No):</b> 941-460-6122
456 S. Indiana Ave		<b>E-MAIL ADDRESS:</b> Lindsey@solesins.com	
Englewood FL 34223		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A :</b> Westfield Insurance Company	<b>NAIC #</b> 24112
<b>INSURED</b>		<b>INSURER B :</b> BusinessFirst Insurance Company	<b>NAIC #</b> 11697
Paradise Lawn Care of Central Florida, Inc. DBA		<b>INSURER C :</b>	
Earth-Tech Property Solutions of Polk County		<b>INSURER D :</b>	
1117 S Lake Starr Blvd		<b>INSURER E :</b>	
Lake Wales FL 33898-7666		<b>INSURER F :</b>	

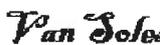
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CWP 491165V	8/24/2025	8/24/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CWP 391165V	1/29/2026	8/24/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	521-19797	6/18/2025	6/18/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	PROPERTY			CWP 491165V	1/29/2027	8/24/2026	
	INLAND MARINE			CWP 491165V	1/29/2027	8/24/2026	

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

**CERTIFICATE HOLDER****CANCELLATION**

Polk County Solid Waste Division 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 REPRESENTATIVE 
---	--

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/16/2025

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).

<b>PRODUCER</b> <b>State Farm</b> LACY MCCLINTOCK, AGENT STATE FARM INSURANCE 600 3RD ST SW WINTER HAVEN FL 33880	<b>CONTACT NAME:</b> JULIE TRAMMELL <b>PHONE (A/C, No, Ext):</b> 863-294-3580 <b>E-MAIL ADDRESS:</b> JULIE@TEAMLACY.COM	<b>FAX (A/C, No):</b> 863-299-6505
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> PARADISE LAWN CARE OF CENTRAL FL INC 1117 S LAKE STARR BLVD LAKE WALES FL 33898	<b>INSURER A:</b> State Farm Mutual Automobile Insurance Company	<b>NAIC #</b> 25178
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			P70 3496-E19-59 2012 FORD F550 FLATBED 1FD0X5HT5CEB07880	12/16/2025	11/19/2026	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 2,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 PIP/FL NO FAULT \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE    OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						

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

---

**CERTIFICATE HOLDER**      **CANCELLATION**

POLK COUNTY SOLID WASTE DIVISION 10 ENVIRONMENTAL LOOP S 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 REPRESENTATIVE A2467515
---	---



1117 S Starr Lake Blvd, Lake Wales, Florida 33898

11/21/25

To whom it may concern,

As of the date of the correspondence stated above, your business name as well as its Managing Member/Owner name has never and is currently not involved in any type of litigation, criminal proceedings, judgements, and or liens including the Internal Revenue Service and all state and federal government litigation, civil suits, or any agency enforcement cases.

I, Keith Bond, MGR/Owner of Paradise Lawn Care of Central Florida, Inc., do attest the above statement to be true and correct.

State: Florida County of : Polk

The foregoing instrument was acknowledged before me on this 21<sup>st</sup> day of November, 2025, by Keith Bond who produced: \_\_\_\_\_, or is **personally known**.

*Amanda Rose Hayes*

*Keith Bond*

Notary Signature:

Applicant Signature:

Amanda Rose Hayes

Keith Bond

Printed Name:

Printed Name:

SEAL:





*1117 S Starr Lake Blvd, Lake Wales, Florida 33898*

To whom it may concern,

I am Keith Bond, owner and operator of Paradise Lawn Care of Central Florida Inc., which was founded in 1993 by my brother, and I took over in 1996 after running several other successful businesses. For more than 30 years, I have worked to build Paradise Lawn Care into a trusted leader in Polk County, proudly serving over 1,500 residents and businesses. My team and I specialize in residential, commercial, and estate property care with expertise in site preparation, landscape and hardscape development, irrigation system installation and repair, as well as driveway and paver installation. We are the parent company of Earth-Tech Property Solutions of Polk County. We operate a dedicated division for spraying, fertilization, and pest control to provide complete lawn and property care solutions. Paradise Lawn care has been voted Best in Winter Haven several times, as a recognition that reflects the strong relationships and trust we've built in the community, I take pride in our company's commitment to professionalism, quality, and environmental responsibility, including over three decades of responsible use of the Polk County Waste Facility.

Sincerely,

A handwritten signature in blue ink that reads "Keith Bond". The signature is fluid and cursive, with the first name "Keith" and last name "Bond" clearly distinguishable.

Keith Bond

President

Paradise Lawn Care

Earth-Tech Property Solutions of Polk County



**POLK COUNTY WASTE & RECYCLING**  
**NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST**

FRANCHISEE Paradise Lawn Care of Central Florida

FOR YEAR 2025

OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_

DATE TO AUDITING \_\_\_\_\_

ACCEPTED \_\_\_\_\_

CUSTOMER NAME	CONTAINER TYPE/SIZE				CAPACITY (CU YD)	COLLECTION FREQUENCY		CONTAINER IDENTIFICATION NUMBER
	DUMPSTER	COMPACTOR	ROLL OFF	OTHER		ON CALL	DAYS/WK	
Paradise Lawn Care of Central Florida	Dump TRL			<input checked="" type="checkbox"/>	20YD			49vdx182162695793
Paradise Lawn Care of Central Florida	Dumpster		<input checked="" type="checkbox"/>		12YD			4ZEGMA148K1184168
Paradise Lawn Care of Central Florida	Dumpster		<input checked="" type="checkbox"/>		12YD			4ZEGMA145L3193836
Paradise Lawn Care of Central Florida	Dumpster		<input checked="" type="checkbox"/>		12YDS			4ZEGMA145M3214301
Paradise Lawn Care of Central Florida	Dumpster		<input checked="" type="checkbox"/>		12YDS			N/A
Paradise Lawn Care of Central Florida	Dumpster		<input checked="" type="checkbox"/>		12YDS			N/A
Paradise Lawn Care of Central Florida	Dumpster		<input checked="" type="checkbox"/>		12YDS			N/A
Paradise Lawn Care of Central Florida	Dumpster		<input checked="" type="checkbox"/>		12YDS			4ZEGMA142K1183663

**POLK COUNTY LOCAL BUSINESS TAX RECEIPT**

**ACCOUNT NO. 24828**

**CLASS: A**

**EXPIRES:**

**09/30/2025**

<b>OWNER NAME</b>	<b>LOCATION</b>
<b>KEITH BOND</b>	<b>1540 N SCENIC HWY LAKE WALES</b>

**BUSINESS NAME AND MAILING ADDRESS**

**PARADISE LAWN CARE OF CENTRAL FLORIDA  
INC**  
EARTH-TECH PROPERTY SOLUTIONS OF POLK COUNTY  
PARADISE LAWN CARE OF CENTRAL FLORIDA INC  
1117 S LAKE STARR BLVD  
LAKE WALES, FL 338988705

**CODE      ACTIVITY TYPE**  
**810000    LTD OTHER SERVICES**

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

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

**PAID - 2490873 07/10/2024 OPY**

**OLP 31.50**

**PARADISE LAWN CARE OF CENTRAL FLORIDA 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 Keith Bond who, first being duly sworn, on oath deposes and states, as follows:

- 1) He is Paradise Lawn Care of Central Florida, a S 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 Paradise Lawn Care of Central Florida, Inc.
- 4) There are no liens of record filed by the Internal Revenue Service against Paradise Lawn Care of Central Florida, Inc.
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against Paradise Lawn Care of Central Florida, Inc.
- 6) Keith Bond acknowledges and consents that the County shall have the right to inspect Paradise Lawn Care of Central Florida, Inc. vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, Paradise Lawn Care of Central Florida, Inc. 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 affiant sayeth not.

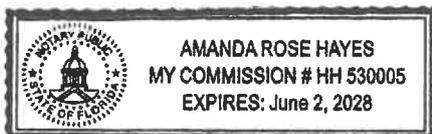
Dated the 18<sup>th</sup> day of August, 2025

Keith Bond

Sworn Person Signature

Keith Bond President  
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 18<sup>th</sup> day of August, 2025, by Keith Bond, who is either  personally known to me; or  has produced \_\_\_\_\_ as identification.



Amanda Rose Hayes

Notary Public Signature

Amanda Rose Hayes

Printed Name of Notary Public

HH 530005 / June 2, 2028

Notary Commission Number/Expiration

(AFFIX NOTORIAL SEAL)

DEPARTMENT OF Solid Waste, POLK COUNTY FLORIDA No 97651

RECEIVED FROM Paradise Lawn Care of Central Florida Date 8/25 20 25

FUND	COST CENTER	ACCOUNT	PROJECT

FOR: Application Fee for Franchise \$ 750.00  
\$  
\$  
\$

CASH  BY: Veronica Turpin-Corant  
CHECK  001320

TOTAL \$750.00

REVISED 05/12

PARADISE LAWN CARE OF CENTRAL FLORIDA INC  
OPERATING ACCOUNT  
1540 N. SCENIC HWY  
LAKE WALES, FL 33853

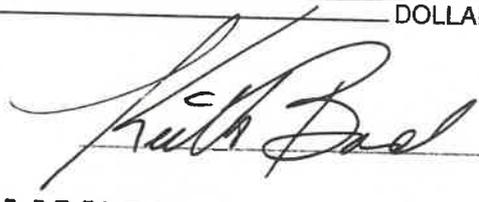
001320

63-0340/0631

PAY TO THE ORDER OF Polk County Solid Waste Division DATE 8/21/25  
Seven Hundred Fifty 00/100 \$ 750.00  
DOLLARS

Citizens Bank & Trust  
Lake Wales, Florida 33859 Br.31

MEMO Application Fee



⑈001320⑈ ⑆063103407⑆ 5206272401⑈