

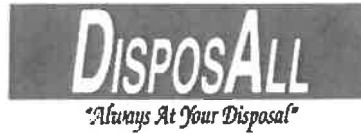
DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: DisposAll LLC Date: 10.10.25

Status	Brief Description of Application Requirements
☒ Met; 1. ☐ Not	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. ☐ 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) 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. ☐ 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)
☒ Met; 7. ☐ 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)
☐ Met; 8. ☐ 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) Certificate Holder: Polk County, a political subdivision of the State of Florida. 330 W Church St, Rm 150 Bartow, FL 33830
☒ Met; 9. ☐ 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)
☒ Met 10. ☐ 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) MUST BE NOTARIZED
☒ Met; 11. ☐ 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) MUST BE NOTARIZED
☒ Met 12. ☐ Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

DRAFT



DisposAll, Inc
3941 Bryn Mawr Street
Orlando, Florida 32808

September 29th, 2025

DisposAll, Inc.

President:	Eugene Calabrese
Vice President:	Paula Calabrese
General Manager:	Eddie Chiari
Accounting:	Sherri De Lima

About Our Company

DisposAll is your local, family owned and operated, trash and recycling solution. In 1971 DisposAll opened its doors with the Mission Statement to provide: EXCELLENT customer service for a FAIR price, while giving a GOOD rate of return on investments and BEST living to our employees and their families.

In keeping with that same philosophy today DisposAll still treats its customers and employees like part of the family. Stop by any of our locations to see our 10 year wall. Growing each day with our veteran employees that have been part of the DisposAll Family for over 10 years.

DisposAll and its sister companies offer you easy one stop shopping for all your waste and recycling needs. Offering solutions for **Commercial, Residential, Construction, Portable toilet services, Document Destruction, Recycling Programs, and Medical Waste Disposal**. Give us a call today and see what the DisposAll family is all about.

"Always at your disposal"

For over 50 years, DisposAll's customers have come to depend on our reliable, efficient and safe removal of waste and recyclable items.

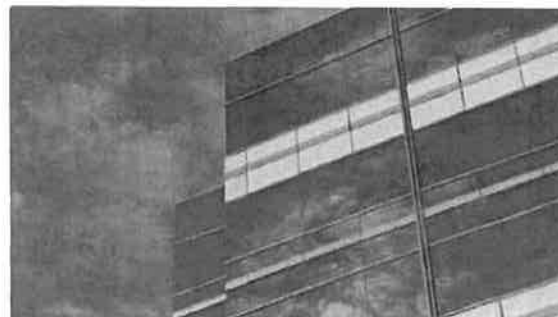
We are your one-stop shop for all your disposal needs from temporary to long term.

Our Services



Residential

DisposAll offers residential services to many local communities across Central and South Florida. DisposAll will provide consulting services and information for your community.



Commercial

DisposAll Commercial Service handles all types of business from retail to restaurant, from industrial facilities to office building large or small and from strip mall to shopping malls.



Construction

Whether you are building up, taking down or remodeling, DisposAll offers a variety of dumpster container sizes to meet your needs no matter the construction project size.



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OUR CUSTOMERS



CROWN
MOTORS

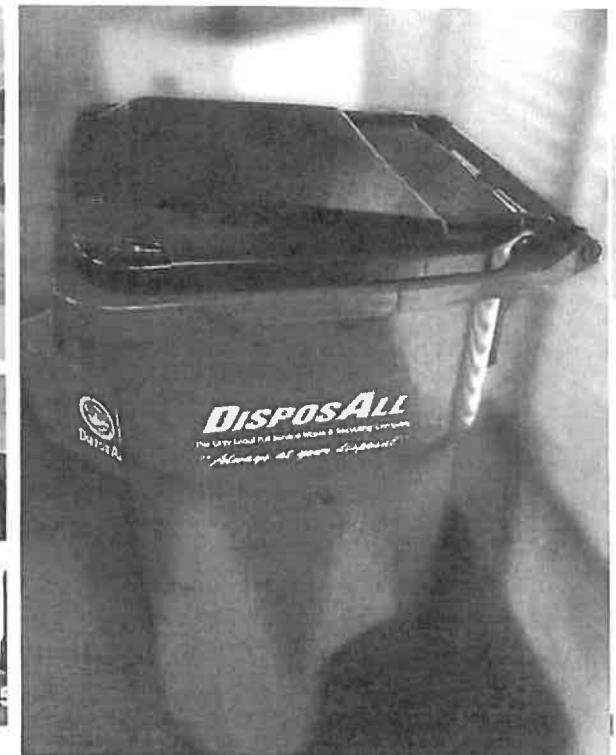


BY CHOICE HOTELS

FINFROCK

Greenberg
Dental
& Orthodontics

Residential Services:



Commercial Services:



Construction Services:





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

Detail by Entity Name

Florida Profit Corporation

DISPOSALL, INC.

Filing Information

Document Number	P03000000705
FEI/EIN Number	90-0055585
Date Filed	01/02/2003
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	09/30/2023

Principal Address

3941 BRYN MAWR STREET
ORLANDO, FL 32810

Changed: 03/29/2011

Mailing Address

PO BOX 161417
ALTAMONTE SPRINGS, FL 32716

Changed: 10/14/2020

Registered Agent Name & Address

CALABRESE, PAULA
3941 BRYN MAWR STREET
ORLANDO, FL 32810

Name Changed: 10/08/2015

Address Changed: 10/14/2020

Officer/Director Detail

Name & Address

Title PD

Calabrese, Eugene
PO BOX 161417
ALTAMONTE SPRINGS, FL 32716

Title VPD

CALABRESE, PAULA
PO BOX 161417
ALTAMONTE SPRINGS, FL 32716

Annual Reports

Report Year	Filed Date
2023	09/30/2023
2024	05/01/2024
2025	04/30/2025

Document Images

04/30/2025 -- ANNUAL REPORT	View image in PDF format
05/01/2024 -- ANNUAL REPORT	View image in PDF format
09/30/2023 -- REINSTATEMENT	View image in PDF format
05/02/2022 -- ANNUAL REPORT	View image in PDF format
05/01/2021 -- ANNUAL REPORT	View image in PDF format
10/14/2020 -- REINSTATEMENT	View image in PDF format
11/25/2019 -- REINSTATEMENT	View image in PDF format
05/01/2018 -- ANNUAL REPORT	View image in PDF format
04/06/2017 -- ANNUAL REPORT	View image in PDF format
04/22/2016 -- ANNUAL REPORT	View image in PDF format
10/08/2015 -- REINSTATEMENT	View image in PDF format
04/30/2014 -- ANNUAL REPORT	View image in PDF format
10/03/2013 -- REINSTATEMENT	View image in PDF format
07/19/2012 -- ANNUAL REPORT	View image in PDF format
03/29/2011 -- ANNUAL REPORT	View image in PDF format
05/04/2010 -- ANNUAL REPORT	View image in PDF format
04/29/2009 -- ANNUAL REPORT	View image in PDF format
05/05/2008 -- ANNUAL REPORT	View image in PDF format
10/03/2007 -- REINSTATEMENT	View image in PDF format
04/24/2006 -- ANNUAL REPORT	View image in PDF format
04/02/2005 -- ANNUAL REPORT	View image in PDF format
02/27/2004 -- ANNUAL REPORT	View image in PDF format
01/03/2003 -- Domestic Profit	View image in PDF format



DisposAll, Inc
3941 Bryn Mawr Street
Orlando, Florida 32808

September 29th, 2025

To whom it may concern:

As of the date of the correspondence stated above, DisposAll, as well as its Managing Member/Owner, has never had involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases.

I, Paula Calabrese, VP of DisposAll, do attest the above statement to be true and correct.

Paula Calabrese
Signature

10-2-2025
Date

State Florida

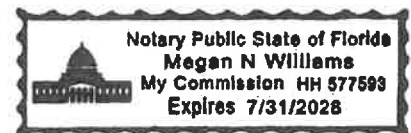
County of Polk

The foregoing instrument was acknowledged before me this 2nd day of

October 2025 Personally Know or Produced identification

Megan Williams
Notary Signature

Notary Seal



NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

FRANCHISEE _____

FOR YEAR _____

DATE RECEIVED _____

DATE TO AUDITING _____

ACCEPTED

[illegible]

DisposAll, Inc.
Vehicle List

Veh#	Co#	Year	Make and Model	Body Style	GVW	VIN	Location	License#	State	Expires
1	182	2019	MACK GU713	RO Galbreath	66,000	1M2GR2GC5KM004519	Orlando	P4554E	Florida	12/31/2025
2	185	2023	MACK GU713	RO Galbreath	66,000	1M2GR3GC2PM033683	Orlando	P1802J	Florida	12/31/2025
3	WN-101	2019	MACK GU713	RO Galbreath	66,000	1M2GR2GC8KM004241	Orlando	P1204K	Florida	12/31/2025
4	WN-102	2024	MACK GU713	RO Galbreath	64,000	1M2GR2GC8RM041753	Orlando	P2896I	Florida	12/31/2025

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

FOR YEAR 2025-2026

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	
BMS CAT	20yd		√			√		None
ENERGY AIR INC.		40yd	√			√		GR-35
ENKA LLC	30yd		√			√		None
GREEN-UP ENVIRONMENTAL GROUP		30yd	√			√		GR-85
ICONSTRUCTORS	30yd		√			√		None
KANCOR CONSTRUCTION	20yd		√			√		None
LAKE BLUE MOBILE HOME PARK	20yd		√			√		None
OUTDOOR RESORTS AT ORLANDO IN	30yd		√			√		None
SWELL CONSTRUCTION GROUP	20yd		√			√		None
U.S. LAWNS OF HAINES CITY	20yd		√			√		None
WASTE HARMONICS	30yd		√			√		None
YELLOWSTONE LANDSCAPE	20yd		√			√		None
ZIA'S CONCRETE PUMPING LLC	20yd		√			√		None



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/29/2025

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).

PRODUCER
Acrisure Southeast Partners Insurance Services, LLC
1317 Citizens Blvd
Leesburg FL 34748

License#: BR-1798553
DISPINC-02

CONTACT NAME: Shelia Robertson

PHONE
(A/C, No., Ext): 800-845-8437

FAX
(A/C, No):

E-MAIL
ADDRESS: SRobertson@acrisure.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: AXIS Surplus Insurance Company

26620

INSURER B: Clear Blue Insurance Company, Inc.

28860

INSURER C: QBE Insurance Corporation

39217

INSURER D:

INSURER E:

INSURER F:

INSURED
Disposal, Inc.
P.O. Box 161417
Altamonte Springs FL 32716

COVERAGES

CERTIFICATE NUMBER: 1258081224

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ LOC OTHER:		SP004705042024	12/6/2024	12/6/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	☐ AUTOMOBILE LIABILITY ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY		AQ1YFL001850-04	12/6/2024	12/6/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP Basic \$ 10,000
A	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED \$ RETENTION \$		SX004706042024	12/6/2024	12/6/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N ☐ N/A		202001194	10/24/2024	10/24/2025	PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liab Professional Liab		SP004705042024	12/6/2024	12/6/2025	Each Claim Aggregate \$1,000,000 \$2,000,000

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

CERTIFICATE HOLDER

Polk County Solid Waste
10 Environmental Loop South
Winter Haven FL 33880

CANCELLATION

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

**Receipt #****3552010****Date:****09/30/2025 4:06 pm****Time:****16:06:51****Location:****ONLINE PAYMENTS****Cashier:****OPY****Items Paid**

Type	Tax Year / Item	Description/ Account	Amount
Business Tax	2025	82504	57.75
Credit Card Fee			1.44
		Item Total	59.19

Payments

Method	Payee	Account/Check #	Amount
CREDIT	DISPOSALL INC.	XXXX-2480	59.19
		Payment Total	59.19

Change Due 0.00

Balance 0.00

* Note - Online Payment

****End****

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

STATE OF FLORIDA
COUNTY OF ORANGE

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

- 1) He is VP, 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 DISPOSAL, INC.
- 4) There are no liens of record filed by the Internal Revenue Service against DISPOSAL, INC.
- 5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against DISPOSAL, INC.
- 6) DISPOSAL, INC. acknowledges and consents that the County shall have the right to inspect DISPOSAL's vehicles, containers, compactors, and other equipment at any time.
- 7) During the time of the existing Commercial Franchise, DISPOSAL, 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 2nd day of October, 2025

Paula Calabrese
Sworn Person Signature
Paula Calabrese, VP
Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 2 day of October, 2025, by Paula Calabrese, who is either ☒ personally known to me; or ☐ has produced _____ as identification.



Megan Williams
Notary Public Signature
Megan Williams
Printed Name of Notary Public
07/31/28
Notary Commission Number/Expiration

(AFFIX NOTORIAL SEAL)

INDEMNITY

WHEREAS, THE UNDERSIGNED, DISPOSAL, INC
(the "Undersigned"), is the PAULA CALABRESE IS THE VP
(the "DISPOSAL"), a FLORIDA CORPORATION

WHEREAS, the DISPOSAL, 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 DISPOSAL, INC

NOW, THEREFORE, in consideration of the benefits accruing to the DISPOSAL, INC and for other good and valuable consideration, the Undersigned, by and on behalf of the DISPOSAL, 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, DISPOSAL, 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 DISPOSAL, INC this 2 day of October, 2025

ATTEST:

Paula Calabrese
a VP DISPOSAL INC

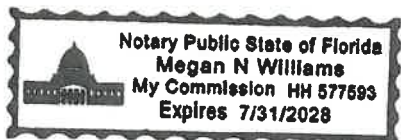
By:

Megan Williams
Megan Williams, Manager
[Printed Name, Title]

By:

[Printed Name, Title]

AFFIX NOTORIAL SEAL



Thank you for your payment!

This service has been provided by [Polk County BoCC - Solid Waste, FL](#) and [Point & Pay](#). We value your business. Please keep this receipt for future reference.

You have made a payment to [Polk County BoCC - Solid Waste, FL](#). The Polk County BoCC - Solid Waste department Thanks You For Your Payment. Credit Card Services provided by Polk County BoCC - Solid Waste department are in connection with POINT & PAY.

Name: Eugene Calabrese
Address: 140 Spring Isle Trail, Altamonte Springs FL, US, 32714-3417
Contact: 4077881111
Comments:

Payment ID: 183839216
Date: 10/09/25 02:00 PM
Subtotal: \$750.00
Fee: \$23.15
Total: \$773.15
Method: Credit Card(*****2480)

Item Purchased	Transaction Description	Account	Amount
License Renewal	CTYPolkWsteGOV	DisposAll, Inc	\$750.00

Signature: _____ **Date:** ____/____/_____
By signing this receipt you agree to the terms and conditions of this service.

You will see one line item on your credit or debit card statement indicating the amount you paid and will be identified as *CTYPolkWsteGOV*. If you have any questions about the charges please call 1-888-891-6064.

[Print Receipt](#) [Close Window](#)