DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: PB of Central Florida Date: _____

Status	Brief Description of Application Requirements
☐ Met; ☐ Not Met	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
☐ Met; ☐ 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; ☐ 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)
Received ☑ Met; ☐ 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)
☐ Met; ☐ 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; ☐ 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; ☐ 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; ☐ 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)
☐ Met; ☐ 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; ☐ 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)
☐ Met; ☐ 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)
☐ Met; ☐ Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

Commented [DZ1]: 09.16.25 Sent email for this to be notarized

9-16-25 Sent Email

DRAFT

PB of CENTRAL FLORIDA

125 NORTH LAKE FLORENCE DRIVE,
WINTER HAVEN,
FLORIDA,
33884.
TEL:863-307-4255

09/09/2025

To whom it may concern:

The principals and directors of PB of Central Florida Inc. have been doing business in Polk County as a demolition and dumpster business for over 15 years.
We do not deal with the general public, only construction contractors and commercial customers.
We have our own mechanic shop to care for our truck, dumpsters and machinery. We only haul C/D and tree debris for ourselves (our own personal jobs) and our customers. We do not deal with hazardous waste, general trash or controlled substances.
Our own trash generated on our premises is collected by Trash Taxi.

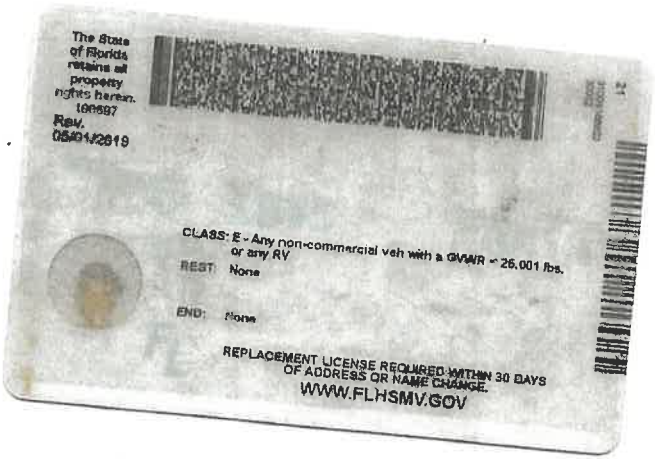
I, David Stokes , owner/president of PB of Central Florida Inc., do attest the above statement is true and correct.

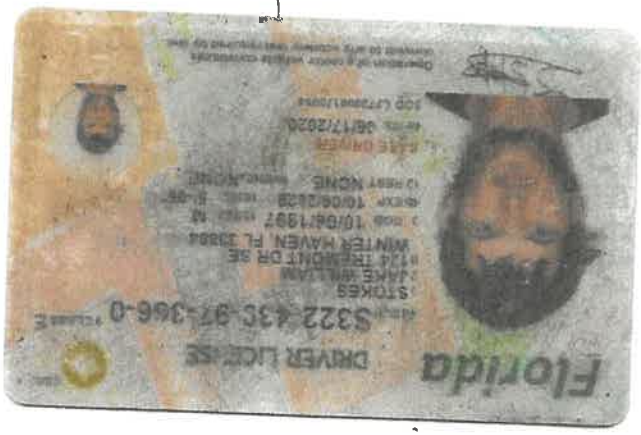
State of Florida County of Polk

Notary Public State of Florida
Crystal Daniels
My Commission HH 462174
Expires 3/1/2026

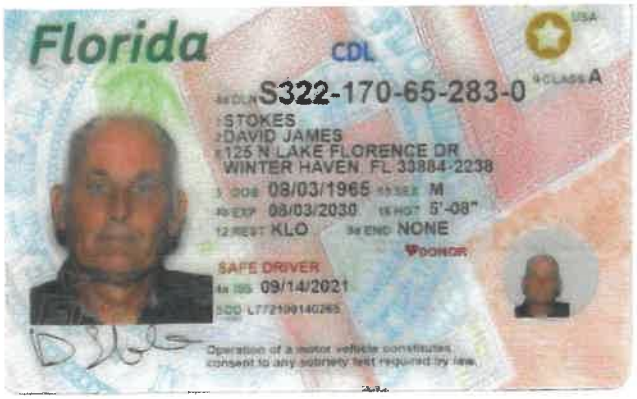
The foregoing instrument was acknowledged before me this 9th day of September 2025

Personally Known or Produced identification


The State of Florida retains all property rights herein.
Rev. 05/01/2019
CLASS: E - Any non-commercial veh with a GVWR < 26,001 lbs. or any RV
REST: None
END: None
REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE.
WWW.FLHSMV.GOV

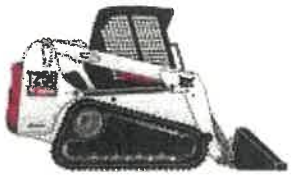

Florida
DRIVER LICENSE


Florida
DRIVER LICENSE
USA
4d DLN S229-326-96-600-0
9 CLASS E
1 STOKES
2 ROBERT JAMES
8 136 TREMONT DR
WINTER HAVEN, FL 33884
3 DOB 09/11/1994 15 SEX M
4b EXP 09/11/2027 16 HGT 5'-04"
12 REST NONE 18 END NONE
SAFE DRIVER
4a ISS 09/10/2019
5 DD X652411202777
REPLACED 11/20/2024
Operation of a motor vehicle constitutes consent to any sobriety test required by law


Florida
CDL
USA
4a DLN S322-170-65-283-0
9 CLASS A
1 STOKES
2 DAVID JAMES
8 125 N LAKE FLORENCE DR
WINTER HAVEN, FL 33884-2238
3 DOB 08/03/1965
15 SEX M
4b EXP 08/03/2030
16 HGT 5'-08"
12 REST K LO
9a END NONE
DONOR
SAFE DRIVER
4a ISS 09/14/2021
5 DD L772109140265
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

PB of CENTRAL FLORIDA

125 NORTH LAKE FLORENCE DRIVE,
WINTER HAVEN,
FLORIDA,
33884.
TEL:863-307-4255



09/16/2025

To whom it may concern:

As of the date of the correspondence stated above, PB of Central Florida Inc., as well as its managing members/owner David Stokes 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 or civil suits.

I, David Stokes , owner/president of PB of Central Florida Inc., do attest the above statement is true and correct.

State of Florida County of Polk

The foregoing instrument was acknowledged before me this 12th day of 2025
CD

Personally Known or Produced identification

Notary Public State of Florida
Crystal Daniels
My Commission HH 462174
Expires 3/1/2028

Detail by Entity Name

Florida Profit Corporation
PB OF CENTRAL FLORIDA, INC.

Filing Information

Document Number	P07000108214
FEI/EIN Number	26-1458193
Date Filed	09/28/2007
State	FL
Status	ACTIVE

Principal Address

5080 LUCERNE PARK ROAD
WINTER HAVEN, FL 33881

Changed: 01/28/2020

Mailing Address

125 N LAKE FLORENCE DRIVE
WINTER HAVEN, FL 33884

Changed: 05/03/2012

Registered Agent Name & Address

Accounting & Tax Edge LLC
864 1st Street S
Winter Haven, FL 33880

Name Changed: 01/23/2024

Address Changed: 01/23/2024

Officer/Director Detail

Name & Address

Title DPS

STOKES, DAVID J
125 N LAKE FLORENCE DRIVE
WINTER HAVEN, FL 33884

Title Director

STOKES, ROBERT JAMES
125 N LAKE FLORENCE DRIVE
WINTER HAVEN, FL 33884

Title Secretary

WESTGATE, JESSICA LYNN
125 N LAKE FLORENCE DRIVE
WINTER HAVEN, FL 33884

Title Director

STOKES, JAKE WILLIAM
124 TREMONT DRIVE
WINTER HAVEN, FL 33884

Title Asst. Secretary

Spradley, Ariel
124 Tremont Dr
Winter Haven, FL 33884-2045

Annual Reports

Report Year	Filed Date
2023	04/11/2023
2024	01/23/2024
2025	01/14/2025

Document Images

01/14/2025 -- ANNUAL REPORT	View image in PDF format
01/23/2024 -- ANNUAL REPORT	View image in PDF format
04/11/2023 -- ANNUAL REPORT	View image in PDF format
03/07/2022 -- ANNUAL REPORT	View image in PDF format
02/05/2021 -- ANNUAL REPORT	View image in PDF format
01/28/2020 -- ANNUAL REPORT	View image in PDF format
04/12/2019 -- ANNUAL REPORT	View image in PDF format
01/26/2018 -- ANNUAL REPORT	View image in PDF format
02/18/2017 -- ANNUAL REPORT	View image in PDF format
01/22/2016 -- ANNUAL REPORT	View image in PDF format
03/20/2015 -- ANNUAL REPORT	View image in PDF format
02/06/2014 -- ANNUAL REPORT	View image in PDF format
02/28/2013 -- ANNUAL REPORT	View image in PDF format
05/03/2012 -- ANNUAL REPORT	View image in PDF format
01/17/2011 -- ANNUAL REPORT	View image in PDF format
03/31/2010 -- ANNUAL REPORT	View image in PDF format
03/19/2009 -- ANNUAL REPORT	View image in PDF format
02/08/2008 -- ANNUAL REPORT	View image in PDF format
09/28/2007 -- Domestic Profit	View image in PDF format

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

FRANCHISEE PB of Central Florida Inc.

FOR YEAR 2025

OFFICE USE ONLY

DATE RECEIVED _____

DATE TO AUDITING _____

ACCEPTED _____

VEHICLE MAKE	VEHICLE MODEL	YEAR	TYPE (RO, REL, FEL, ASL, ETC.)	CAPACITY (CU YD)	VEHICLE SIZE (GVW)	VEHICLE IDENTIFICATION NUMBER
STER	LT9500	2007	Roll-off		64,000	2FZHAZCY47AW90310

REVISED 08/2014

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE PB of Central Florida Inc.

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	
Varies	10 ✓				20yd.	✓		n/a
Varies	10 ✓				30 yd.	✓		n/a
Varies	8 ✓				40 yd.	✓		n/a

POLK COUNTY LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO. 129570 **CLASS: A** **EXPIRES: 09/30/2026**

OWNER NAME	LOCATION
DAVID J STOKES	5080 LUCERNE PARK RD WINTER HAVEN

BUSINESS NAME AND MAILING ADDRESS

PB OF CENTRAL FLORIDA
PB OF CENTRAL FLORIDA
125 N LAKE FLORENCE DR
WINTER HAVEN, FL 338842238

CODE	ACTIVITY TYPE
920000	LTD PUBLIC SERVICE
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 - 3430404 07/22/2025 OPY **OLP 31.50** **PB OF CENTRAL FLORIDA**

WINTER HAVEN
The Chain of Lakes City

490 3rd STREET NW • WINTER HAVEN, FL 33881 • (863) 291-5695

BUSINESS TAX RECEIPT

ACCOUNT#: 10295
PB OF CENTRAL FLORIDA INC
125 N LAKE FLORENCE DR
WINTER HAVEN
Winter Haven, FL 33884

LOCATION: 5080 LUCERNE PARK ROAD
CLASS ID: Service Industry
Service Industry
RECEIPT#: 250682
ISSUE DATE: 07/22/2025
EXPIRES ON: 10/01/2026

WINTER HAVEN
The Chain of Lakes City

BUSINESS TAX RECEIPT

250682
RECEIPT NO

LOCATION

5080 LUCERNE PARK ROAD

DATE ISSUED: 07/22/2025
EXPIRES ON: 10/01/2026
CLASS ID#: Service Industry

PB OF CENTRAL FLORIDA INC
125 N LAKE FLORENCE DR
WINTER HAVEN
Winter Haven, FL 33884

2025-26

490 3rd STREET NW • WINTER HAVEN, FL 33881 • (863) 291-5695

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/10/2025

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 Sihle Insurance Group Inc. 1021 Douglas Ave. Altamonte Springs FL 32714	**CONTACT NAME:** Certificate Department **PHONE (A/C, No, Ext):** 407-869-5490 **FAX (A/C, No):** 407-389-3580 **E-MAIL ADDRESS:** Certificates@sihle.com
INSURED PBCEFLO-01 PB of Central Florida Inc. 125 N Lake Florence Drive Winter Haven FL 33884-2238	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Cincinnati Specialty Underwriters Insurance Compan — 13037 **INSURER B :** The Cincinnati Insurance Company — 10677 **INSURER C :** Mid-Continent Group — 23418 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 2006102774 **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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR X 5,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC OTHER:			CSU 0095223	2/17/2025	2/17/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			EBA 0519254	2/17/2025	2/17/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
C	Inland Marine			04 CIM 005004186	2/17/2025	2/17/2026	Rented/Leased Equip	25,000

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

Suzanne Peck

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/24/2025

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 Sihle Insurance Group Inc. 1021 Douglas Ave. Altamonte Springs FL 32714	**CONTACT NAME:** Certificate Department **PHONE (A/C, No, Ext):** 407-869-5490 **FAX (A/C, No):** 407-389-3580 **E-MAIL ADDRESS:** Certificates@sihle.com
INSURED PBCEFLO-01 PB of Central Florida Inc. 125 N Lake Florence Drive Winter Haven FL 33884-2238	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Cincinnati Specialty Underwriters Insurance Compan — 13037 **INSURER B :** The Cincinnati Insurance Company — 10677 **INSURER C :** Mid-Continent Group — 23418 **INSURER D :** Kinsale Insurance Company — 38920 **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1075032064 **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	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR X 5,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC OTHER:			CSU 0095223	2/17/2025	2/17/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
B	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY			EBA 0519254	2/17/2025	2/17/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
D	[ ] **UMBRELLA LIAB** [X] OCCUR X **EXCESS LIAB** [ ] CLAIMS-MADE DED RETENTION $			0100399790-0	9/23/2025	2/17/2026	EACH OCCURRENCE AGGREGATE $	$ 1,000,000 $ 1,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
C	Inland Marine			04 CIM 005004186	2/17/2025	2/17/2026	Rented/Leased Equip	25,000

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

Suzanne Peck

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/10/2025

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 Risk Transfer Insurance Agency, LLC 200 S. Orange Ste. 750 Orlando, FL 32801	**CONTACT NAME:** Time HR Payroll Solutions, Inc. **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** certificates@timefl.com
	INSURER(S) AFFORDING COVERAGE — **NAIC #** **INSURER A :** Service American Indemnity Company — 39152
INSURED Time HR Payroll Solutions, Inc. 115 W. Olympia Avenue Punta Gorda, FL 33950	**INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 8LBDJ56J **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	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:						EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		RT25MWC7320093105	01/01/2025	01/01/2026	X 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
								$ $ $ $ $

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

The Officer for Time HR Payroll Solutions, Inc. is not included under the Workers' Compensation policy listed above as marked "Y"

Workers Compensation coverage is provided in all states, except for monopolistic states (ND, OH, WA, WY) for employees leased to, but not subcontractors of PB of Central Florida Inc

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

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 David Stokes who, first being duly sworn, on oath deposes and states, as follows:

1) He is President, a C 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 PB of Central Florida Inc

4) There are no liens of record filed by the Internal Revenue Service against PB of Central Florida Inc.

5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against PB of Central Florida Inc.

6) David Stokes acknowledges and consents that the County shall have the right to inspect PB of Central Florida Inc vehicles, containers, compactors, and other equipment at any time.

7) During the time of the existing Commercial Franchise, PB 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 of 1 year will continue to comply with the same.

Further the affiant sayeth not.

Dated the 9th day of September 2025

Sworn Person Signature

David Stokes President/owner

Printed Name and Title of Sworn Person

The foregoing instrument was sworn (or affirmed) and subscribed before me this 9th day of September, 2025, by David Stokes, who is either ☐ personally known to me; or ☑ has produced Drivers License as identification.

Notary Public State of Florida
Crystal Daniels
My Commission HH 462174
Expires 3/1/2028

Crystal Daniels

Notary Public Signature

Crystal Daniels

Printed Name of Notary Public

HH 462174 / 3-1-2028

(AFFIX NOTORIAL SEAL)

Notary Commission Number/Expiration

INDEMNITY

WHEREAS, THE UNDERSIGNED David Stokes (the "Undersigned"), is the President of PB of Central Florida (the "_____"), a _____ Inc.,

WHEREAS, the PB of Central Florida 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 PB of Central Florida Inc.

NOW, THEREFORE, in consideration of the benefits accruing to the PB of Central Florida Inc. _____ and for other good and valuable consideration, the Undersigned, by and on behalf of the PB of Central Florida 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, PB of Central Florida 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 PB of Central Florida this 9th day of September, 2025

ATTEST:

_____

a _____

By: _____

David Stokes President
[Printed Name, Title] owner

By: Crystal Daniels

Crystal Daniels
[Printed Name, Title]

SEAL

Notary Public State of Florida
Crystal Daniels
My Commission HH 462174
Expires 3/1/2028

DEPARTMENT OF Solid Waste, POLK COUNTY FLORIDA No 97759

RECEIVED FROM PB of Central Florida Inc Date 9/15 20 25

FUND	COST CENTER	ACCOUNT	PROJECT

FOR: Franchise Fee $ 750.00

$

New Franchise Fee Application $

$

CASH ☐ _____ BY: Veronica Turpin-Grant

CHECK ☒ 1091 TOTAL $750.00

REVISED 05/12

SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM.

PB OF CENTRAL FLORIDA INC
125 N LAKE FLORENCE DRIVE
WINTER HAVEN, FL 33884

1091
63-1403/631

DATE 9/9/25

CHECK ARMOR FRAUD PROTECTION

PAY TO THE ORDER OF Polk County Solid Waste Division $ 750.00

Seven hundred fifty dollars & 00/100 DOLLARS

SouthState
SouthStateBank.com • 800.277.2175

FOR Application fee

HEAT SENSITIVE

⑈001091⑈ ⑆063114030⑆ 80100022155688⑈

Details on Back. Security Features Included