

BOARD OF COUNTY COMMISSIONERS

GULF COUNTY, FLORIDA

AGENDA	OCTOBER 8, 2013	TIME / PAGE NO.
1. Meeting Called to Order		9:00 a.m.
2. Consent Agenda		1-69
3. Preferred Governmental Insurance Trust (Invoice #PUBA0226264 * \$10,000.00)		70-71
4. County Staff Business		
5. Board Business		
6. Public Discussion		

F.S. 286.0105:

If a person decides to appeal any decision made by the board, agency or commission, with respect to any matter considered at such meeting or hearing, he will need a record of the proceedings, and that, for such purpose, he may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based.

**CONSENT AGENDA
October 8, 2013**

1. Agreement – Medical Examiner Services (Dr. Michael D. Hunter, M.D. P.A.) 1-9

2. Inventory – Animal Control (Transfer from Animal Control 1999 White Dodge Truck VIN #187HC16X2X5103648 To Detention Facility) 10
 - Building Department (Junk #260-76 * Dell Computer S/N 00045-673-385-6) 11

 - Clerk of Court (Transfer * #10-334 to Public Works * Desk* Remove #10-278 * Okidata 395 Matrix Printer * #10-316 * Okidata 395 Microline Printer * #10-361 * Canon Copier * #10-366 * Okidata Dot Matrix Printer * #10-399 * Canon Color Printer * #10-417 * HP Laptop Computer) 12-17

 - County Judge (Remove * #20-100 * HP Computer w/monitor & keyboard * #20-103 * HP LaserJet 4050N Printer * #20-109 * Telephone System) 18-19

 - Courtroom Accessories (Junk * #60-18 * Shelf Units Law Library) 20-21

 - Detention & Corrections (Add * 530 lb Air Cooled 115V Ice Maker * Model #ID0502A161 * S/N 1101214896 * 635 lb Air Cool Stainless Ice Maker * Model #ID0606A261 * S/N 1101227517). 22-27

 - Gulf County Extension Agent (Remove * #50-41 * HEC Telephone System) 28

 - Supervisor of Elections (Add * Poweredge T110 II Server (Dell) * S/N BSF77Y2 * Remove * Asset #00261 * IBM Wheelwriter 6 * S/N 6747-11-6143259 * #30-67 * Compaq Computer * S/N COMPA6X28KN87TDYN * #30-43 * Pionex 100 Pentium Workstation * S/N 6000120704 * Asset #01832 * Compaq 590 Personal Computer * S/N 202305429 * #30-56 * LaserJet 4050T Printer * S/N USCC177202 * Junk * #30-54 * Fujitsu Flatbed Scanner * S/N 7110419-SPC) 29-35

3. Invoices – The Ferguson Group, LLC – Federal Lobbyist (Invoice #0813579 * \$115.62 * to be paid from Account #21111-31200) 36-45
 - UniFirst Corporation (Old Courthouse * Invoice #2710052511 * \$19.06 * Invoice #2710053011 * \$19.06 * Invoice #2710053502 * \$19.06 * Invoice #2710054017 * \$19.06 * Public Works * Invoice #2710054018 * \$10.00 * Invoice #2710054503 * \$18.25 * Invoice #2710054019 * \$51.46 * Invoice #2710054504 * \$62.27 * Invoice #2710054020 * 58.84 * Invoice #2710054505 * \$70.14 * Maintenance * Invoice #2710054021 * \$39.12 * Invoice #2710054506 * \$49.03 * Courthouse * Invoice #2710054022 * \$68.50 * Invoice #2710054507 * \$79.25). 46-65
4. Representative – PRM Health Trust Board of Directors (Denise Manuel and Brett Lowry, Alternate). 66
5. Proclamation – Dixie Phonics Day 67
6. Refund Request – Tax Collector (Parcel #06319-040R * \$1,160.55) 68-69

Lynn Lanier

From: Sheila Faries <sfaries@baycountyfl.gov>
Sent: Tuesday, September 24, 2013 3:16 PM
Subject: 2014 ME Agreement
Attachments: Medical Examiner Inter-local with Counties EXHIBIT 2.doc

Attached you will find the 2014 agreement with the District 14 Medical Examiner. I need for you to print the signature page for your county, have signed and attested and mailed to me by October 1.

Once duly signed and executed, I will return a completed contract to your attention. If you have any questions, please feel free to contact me by email or phone.

Sheila J Faries
Contract Administrator
(850) 248-8278 Fax: (850) 248-8276
840 West 11th Street
Panama City, FL 32401
sfaries@baycountyfl.gov

Please Note: Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

FILED FOR RECORD
REBECCA L. NORRIS
CLERK OF CIRCUIT COURT
COLF COUNTY, FLORIDA
2013 OCT -2 PM 12:53

**AMENDED INTERLOCAL AGREEMENT
FOR MEDICAL EXAMINER SERVICES**

This Agreement, effective the 1st day of October, 2013, modifies the Interlocal Agreement for Medical Examiner Services entered into on the 18th day of April, 1995, as amended (the "Original Agreement"), by and between BAY COUNTY, a political subdivision of the State of Florida, by and through its Board of County Commissioners; CALHOUN COUNTY, a political subdivision of the State of Florida, by and through its Board of County Commissioners; GULF COUNTY, a political subdivision of the State of Florida, by and through its Board of County Commissioners; HOLMES COUNTY, a political subdivision of the State of Florida, by and through its Board of County Commissioners; JACKSON COUNTY, a political subdivision of the State of Florida, by and through its Board of County Commissioners; and WASHINGTON COUNTY, a political subdivision of the State of Florida, by and through its Board of County Commissioners.

WITNESSETH

WHEREAS, the parties desire to extend and modify certain terms of the Original Agreement; and

WHEREAS, attached as **EXHIBIT A** is the agreement entered into between Bay County and Dr. Michael D. Hunter, M.D., P.A. for Medical Examiner Services.

NOW, THEREFORE, in consideration of the mutual understandings and agreements hereinafter set forth and agreed between the parties as follows:

1. Paragraph 2 of the Original Agreement is modified and changed to read as follows:
 2. The costs for operating the Medical Examiner's office for the time period of October 1, 2013, through September 30, 2014, will be \$770,202.00 (the "Total Costs").
2. Paragraph 3 of the Original Agreement is modified and changed to read as follows:
 3. Commencing October 1, 2013, the parties shall pay to Bay County on a monthly basis, on or before the fifteenth day of each month, an amount equal to one-twelfth of the amount each party agrees herein is its share of the Total Costs of operation of the Medical Examiner's

office. The Total Costs shall be apportioned (based on the population of each County as follows:

**MEDICAL EXAMINER
BUDGET FY 2014**

Counties	% Current	Total Fees	Each County's Share	Monthly Expense
Calhoun County	4.68%		\$36,045	\$3,004
Holmes County	6.67%		\$51,372	\$4,281
Gulf County	4.56%		\$35,121	\$2,927
Jackson County	15.14%		\$116,609	\$9,717
Washington County	8.10%		\$62,386	\$5,199
Bay County	60.85%			
	100.00			
Grand Total Fees:	%		\$770,202	

BUDGET FY 2014

Professional Services	\$640,202.00
Contract Services – ME Operating	\$130,000.00
Equipment Less than \$1000	<u> \$0.00</u>
 Total Budget	 <u>\$770,202.00</u>

The parties hereby reaffirm all portions of the Original Agreement not in conflict with this Amended Interlocal Agreement for Medical Examiner Services.

IN WITNESS WHEREOF, the parties hereto have caused their hands and seals to be set to this Amended Interlocal Agreement for Medical Examiner Services, written by their respective official's thereunto duly authorized.

ME Interlocal Agreement,
effective the 1st day of October, 2013
BAY COUNTY, acting by and through its
Board of County Commissioners

ATTEST:

Bill Kinsaul, Clerk

George B. Gainer, Chairman

Date: _____

ME Interlocal Agreement,
effective the 1st day of October, 2013
CALHOUN COUNTY, acting by and through its
Board of County Commissioners

ATTEST:

Clerk

Harold Pickron, Chairman

Date: _____

ME Interlocal Agreement,
effective the 1st day of October, 2013
GULF COUNTY, acting by and through its
Board of County Commissioners

ATTEST:

Clerk

Tynalin Smiley, Chairman

Date: _____

ME Interlocal Agreement,
effective the 1st day of October, 2013
HOLMES COUNTY, acting by and through its
Board of County Commissioners

ATTEST:

Clerk

Ron Monk, Jr., Chairman

Date: _____

ME Interlocal Agreement,
effective the 1st day of October, 2013
JACKSON COUNTY, acting by and through its
Board of County Commissioners

ATTEST:

Clerk

Chuck Lockey, Chairman

Date: _____

ME Interlocal Agreement,
effective the 1st day of October, 2013
WASHINGTON COUNTY, acting by and through its
Board of County Commissioners

ATTEST:

Clerk

Joel Pate, Chairman

Date: _____

GULF COUNTY ASSET / INVENTORY ACTIVITY FORM

Initiating Department: Bldg Dept.

Check type of Activity below:

- Asset Acquisition
- Asset Purchase

Amount _____ Invoice# _____ Invoice Date _____ Vendor Name _____
 Attach a copy of this form to the invoice when submitting to the Clerk's Office for payment

Asset Donation
 Donation From _____ Asset Description _____ Value _____

Improvement to Existing Asset
 Describe the Need For and Description Of the Improvement, Attach a copy if necessary

Asset Transfer To
 Receiving Department - Name _____
 Surplus (useable condition but no longer needed by Department)

Asset Disposal
 Retired (check reason) Retirement Reason: Obsolete / No longer needed
 Sold Non-Repairable
 Trade-in Repair Not Cost Effective
 Donate Cannibalized
 Return to other Government Other

Enter information for Asset/Inventory Activity checked above (Use Attachment if needed)			
Department/Location	Asset Tag #	Description	Serial Number
Bldg Dept	260-76	Dell Computer	002415-673-585-6

Enter information for Vehicles, Heavy Equipment, Trailers (Use Attachment if needed)			
Vehicle Tag Number	Year, Make Model	Vehicle Identification No.	Odometer Miles

Other Information : Lightening Strike

FILED FOR RECORD
 REBECCA L. HARRIS
 CLERK OF CIRCUIT COURT
 GULF COUNTY, ALABAMA
 20 SEP 27 AM 8:41

Department / Location Approval
 Forms not properly signed or incomplete forms will be returned to the Department

Lee Collinsworth 9/17/12
 Department Head Signature * Date

* As Department Head/Custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.

Board of County Commissioners Consent Agenda Approval

 Date

Approval must be obtained before transferring, disposing, or accepting an asset. Submit the completed form to the Clerk's Office for inclusion in the Board's Consent Agenda.

Office of the Clerk of Circuit Court

Asset Tag# _____ Asset Record Updated _____ Copy Returned to Department _____

10/8/13

CLERK OF CIRCUIT AND COUNTY COURTS

12

RECORDER AND COMPTROLLER
GULF COUNTY, FLORIDA

REBECCA L. NORRIS, CLERK
1000 Cecil G. Costin, Sr. Blvd., Port St. Joe, Florida 32456

MEMORANDUM

TO: Gulf County Board of County Commissioners
FROM: Rebecca L. Norris, Clerk *RLN*
TOPIC: Inventory
DATE: September 27, 2013

We are requesting permission to remove the following item from the Clerk's Office inventory and transfer it to the Public Works Department.

#10-334

Desk

FILED FOR RECORD
REBECCA L. NORRIS
CLERK OF CIRCUIT COURT
GULF COUNTY, FLORIDA
2013 OCT -1 AM 7:55

12

10/8/13 *RLN*

CLERK OF CIRCUIT AND COUNTY COURTS

14

RECORDER AND COMPTROLLER GULF COUNTY, FLORIDA

REBECCA L. NORRIS, CLERK
1000 Cecil G. Costin, Sr. Blvd., Port St. Joe, Florida 32456

MEMORANDUM

TO: Gulf County Board of County Commissioners
FROM: Rebecca L. Norris, Clerk *RLN*
TOPIC: Inventory
DATE: September 30, 2013

We are requesting permission to remove the following items from the Clerk of the Circuit Court's Office inventory. These items are no longer in use.

<u>Tag #</u>	<u>Asset #</u>	<u>Description</u>	<u>Reason</u>
10-278	01355	Okidata 395 Matrix Printer	Replaced
10-316	02039	Okidata 395 Microline Printer	Replaced
10-361	2763	Canon Copier	Trade-In
10-366	3068	Okidata Dot Matrix Printer	Replaced
10-399	3512	Canon Color Copier	Trade-In
10-417	4587	HP Laptop Computer	Junk

FILED FOR RECORD
REBECCA L. NORRIS
CLERK OF CIRCUIT COURT
GULF COUNTY, FLORIDA

2013 OCT - 1 AM 7:55

Telephone Nos.
(850) 229-6113
(850) 639-5068
(850) 229-6174 FAX

Board of County Commissioners
Meets **14**
Second Tuesday at 6:00 p.m., E.T.
Fourth Tuesday at 6:00 p.m., E.T.

10/1/13

GULF COUNTY ASSET / INVENTORY ACTIVITY FORM

Initiating Department: Clerk

Check type of Activity below:

- Asset Acquisition
 - Asset Purchase

Amount	Invoice#	Invoice Date	Vendor Name
<i>Attach a copy of this form to the invoice when submitting to the Clerk's Office for payment</i>			
 - Asset Donation

Donation From	Asset Description	Value
- Improvement to Existing Asset

Describe the Need For and Description Of the Improvement, Attach a copy if necessary
- Asset Transfer To
 - Receiving Department – Name _____
 - Surplus (useable condition but no longer needed by Department)
- Asset Disposal

<input checked="" type="checkbox"/> Retired (check reason) <input type="checkbox"/> Sold <input type="checkbox"/> Trade-in <input type="checkbox"/> Donate <input type="checkbox"/> Return to other Government	Retirement Reason: <ul style="list-style-type: none"> <input type="checkbox"/> Obsolete / No longer needed <input type="checkbox"/> Non-Repairable <input type="checkbox"/> Repair Not Cost Effective <input type="checkbox"/> Cannibalized <input checked="" type="checkbox"/> Other <u>Replaced</u> 	
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Enter Information for Asset/Inventory Activity checked above (Use Attachment if needed)			
Department/Location	Asset Tag #	Description	Serial Number
10-278	01355	Obidata 395 Matrix Printer	
10-316	02039	Obidata 375 Mercedes Printer	
10-366	3068	Obidata 607 Matrix Printer	

Enter Information for Vehicles, Heavy Equipment, Trailers (Use Attachment if needed)			
Vehicle Tag Number	Year, Make Model	Vehicle Identification No.	Odometer Miles

Other Information :

<p style="text-align: center;">Department / Location Approval</p> <p style="text-align: center;"><i>Forms not properly signed or incomplete forms will be returned to the Department</i></p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p><u>Kari Summers</u></p> <p>Department Head Signature *</p> </div> <div style="text-align: center;"> <p><u>10/1/13</u></p> <p>Date</p> </div> </div> <p style="font-size: small;">* As Department Head/Custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.</p>	<p style="text-align: center;">Board of County Commissioners Consent Agenda Approval</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date:</p> <p style="font-size: x-small; text-align: center;">Approval must be obtained before transferring, disposing, or accepting an asset. Submit the completed form to the Clerk's Office for inclusion in the Board's Consent Agenda.</p>
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Office of the Clerk of Circuit Court

Asset Tag# _____ Asset Record Updated _____ Copy Returned to Department _____

GULF COUNTY ASSET / INVENTORY ACTIVITY FORM

Initiating Department: Clerk

Check type of Activity below:

- Asset Acquisition
 - Asset Purchase

Amount	Invoice#	Invoice Date	Vendor Name
<i>Attach a copy of this form to the invoice when submitting to the Clerk's Office for payment</i>			
 - Asset Donation

Donation From	Asset Description	Value
- Improvement to Existing Asset

Describe the Need For and Description Of the Improvement, Attach a copy if necessary
- Asset Transfer To
 - Receiving Department – Name _____
 - Surplus (useable condition but no longer needed by Department)
- Asset Disposal

<input type="checkbox"/> Retired (check reason) <ul style="list-style-type: none"> <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Trade-in <input type="checkbox"/> Donate <input type="checkbox"/> Return to other Government 	Retirement Reason: <ul style="list-style-type: none"> <input type="checkbox"/> Obsolete / No longer needed <input type="checkbox"/> Non-Repairable <input type="checkbox"/> Repair Not Cost Effective <input type="checkbox"/> Cannibalized <input type="checkbox"/> Other
---	---

Enter information for Asset/Inventory Activity checked above (Use Attachment if needed)			
Department/Location	Asset Tag #	Description	Serial Number
10-361	2763	Canon Copier	
10-399	3512	Canon Color Copier	

Enter information for Vehicles, Heavy Equipment, Trailers (Use Attachment if needed)			
Vehicle Tag Number	Year, Make Model	Vehicle Identification No.	Odometer Miles

Other Information :

<p style="text-align: center;">Department / Location Approval</p> <p style="font-size: small;">Forms not properly signed or incomplete forms will be returned to the Department</p> <p style="font-size: large; font-family: cursive;">Katie Summers</p> <p style="text-align: center;">Department Head Signature *</p> <p style="font-size: large; font-family: cursive;">10/1/13</p> <p style="text-align: center;">Date</p> <p style="font-size: x-small;">* As Department Head/Custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.</p>	<p style="text-align: center;">Board of County Commissioners Consent Agenda Approval</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p> <p style="font-size: x-small;">Approval must be obtained before transferring, disposing, or accepting an asset. Submit the completed form to the Clerk's Office for inclusion in the Board's Consent Agenda.</p>
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Office of the Clerk of Circuit Court

Asset Tag# _____ Asset Record Updated _____ Copy Returned to Department _____

CLERK OF CIRCUIT AND COUNTY COURTS

RECORDER AND COMPTROLLER
GULF COUNTY, FLORIDA

REBECCA L. NORRIS, CLERK
1000 Cecil G. Costin, Sr. Blvd., Port St. Joe, Florida 32456

MEMORANDUM

TO: Gulf County Board of County Commissioners

FROM: Rebecca L. Norris, Clerk *RLN*

TOPIC: Inventory

DATE: September 30, 2013

We are requesting permission to remove the following items from the County Judge's Office inventory. These items are no longer in use.

<u>Tag #</u>	<u>Asset #</u>	<u>Description</u>	<u>Reason</u>
#20-100	3088	HP Computer w/Monitor & Keyboard (S/N USU43001FD; Model #DC5000)	Replaced
#20-103	2364	HP LaserJet 4050N Printer (S/N SUSQX098380; Model #C4253A)	Replaced
#20-109	2719	Telephone System (S/N DTP-8D-1; Model #Series E)	Replaced

FILED FOR RECORD
REBECCA L. NORRIS
CLERK OF CIRCUIT COURT
GULF COUNTY, FLORIDA
2013 OCT - 1 AM 7:55

GULF COUNTY ASSET / INVENTORY ACTIVITY FORM

Initiating Department: County Judge

Check type of Activity below:

- Asset Acquisition
- Asset Purchase

Amount Invoice# Invoice Date Vendor Name
Attach a copy of this form to the invoice when submitting to the Clerk's Office for payment

- Asset Donation
- Donation From Asset Description Value

- Improvement to Existing Asset
- Describe the Need For and Description Of the Improvement, Attach a copy if necessary

- Asset Transfer To
 - Receiving Department - Name
 - Surplus (useable condition but no longer needed by Department)

- Asset Disposal
 - Retired (check reason) Retirement Reason:
 - Obsolete / No longer needed
 - Non-Repairable
 - Repair Not Cost Effective
 - Cannibalized
 - Other
 - Sold
 - Trade-in
 - Donate
 - Return to other Government

Enter Information for Asset/Inventory Activity checked above (Use Attachment if needed)			
Department/Location	Asset Tag #	Description	Serial Number
20-100	3088	HP Computer w/monitor	45143001FD
20-103	2364	HP LaserJet Printer	5450X098380
20-109	2719	Telephone System	DTP-8D-1

Enter Information for Vehicles, Heavy Equipment, Trailers (Use Attachment if needed)			
Vehicle Tag Number	Year, Make Model	Vehicle Identification No.	Odometer Miles

Other Information :

<p align="center">Department / Location Approval</p> <p><i>Forms not properly signed or incomplete forms will be returned to the Department</i></p> <p><u>Kari Summers</u> <u>10/1/13</u> Department Head Signature * Date</p> <p><small>* As Department Head/Custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.</small></p>	<p align="center">Board of County Commissioners Consent Agenda Approval</p> <p align="center">_____ Date</p> <p align="center"><i>Approval must be obtained before transferring, disposing, or accepting an asset. Submit the completed form to the Clerk's Office for inclusion in the Board's Consent Agenda.</i></p>
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Office of the Clerk of Circuit Court

Asset Tag# _____ Asset Record Updated _____ Copy Returned to Department _____

CLERK OF CIRCUIT AND COUNTY COURTS

RECORDER AND COMPTROLLER
GULF COUNTY, FLORIDA

REBECCA L. NORRIS, CLERK
1000 Cecil G. Costin, Sr. Blvd., Port St. Joe, Florida 32456

MEMORANDUM

TO: Gulf County Board of County Commissioners
FROM: Rebecca L. Norris, Clerk *RLN*
TOPIC: Inventory
DATE: September 30, 2013

We are requesting permission to remove the following items from the Courtroom Accessories inventory. These items are no longer in use.

<u>Tag #</u>	<u>Asset #</u>	<u>Description</u>	<u>Reason</u>
#60-18	00314	Shelf Units (Law Library)	Junked

FILED FOR RECORD
REBECCA L. NORRIS
CLERK OF CIRCUIT COURT
GULF COUNTY, FLORIDA
2013 OCT - 1 AM 7:55

RECEIVED
10/8/13 *g*

GULF COUNTY ASSET / INVENTORY ACTIVITY FORM

Initiating Department: Courthouse Accessories

Check type of Activity below:

Asset Acquisition

Asset Purchase

Amount Invoice# Invoice Date Vendor Name

Attach a copy of this form to the invoice when submitting to the Clerk's Office for payment

Asset Donation

Donation From Asset Description Value

Improvement to Existing Asset

Describe the Need For and Description Of the Improvement, Attach a copy if necessary

Asset Transfer To

Receiving Department - Name

Surplus (useable condition but no longer needed by Department)

Asset Disposal

Retired (check reason)

Sold

Trade-in

Donate

Return to other Government

Retirement Reason: Obsolete / No longer needed

Non-Repairable

Repair Not Cost Effective

Cannibalized

Other

Enter Information for Asset/Inventory Activity checked above (Use Attachment if needed)

Department/Location	Asset Tag #	Description	Serial Number
60-18	00314	Shelf Units (Law Library)	

Enter Information for Vehicles, Heavy Equipment, Trailers (Use Attachment if needed)

Vehicle Tag Number	Year, Make Model	Vehicle Identification No.	Odometer Miles

Other Information :

Department / Location Approval

Forms not properly signed or incomplete forms will be returned to the Department

Kari Summers

Department Head Signature *

10/1/13

Date

* As Department Head/Custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.

Board of County Commissioners
Consent Agenda Approval

Date

Approval must be obtained before transferring, disposing, or accepting an asset. Submit the completed form to the Clerk's Office for inclusion in the Board's Consent Agenda.

Office of the Clerk of Circuit Court

Asset Tag# _____

Asset Record Updated _____

Copy Returned to Department _____

GULF COUNTY ASSET / INVENTORY ACTIVITY FORM

Initiating Department: 75- Detention & Corrections

Check type of Activity below:

Asset Acquisition
 Asset Purchase \$2105.76 KT1087450 8/12/13 Katom
 Amount Invoice# Invoice Date Vendor Name
 Attach a copy of this form to the invoice when submitting to the Clerk's Office for payment

Asset Donation _____
 Donation From Asset Description

Improvement to Existing Asset _____
 Describe the Need For and Description Of the Improvement, Attach a copy if necessary

Asset Transfer To
 Receiving Department -- Name _____
 Surplus (useable condition but no longer needed by Department)

Asset Disposal
 Retired (check reason) Retirement Reason: Obsolete / No longer needed
 Sold Non-Repairable
 Trade-in Repair Not Cost Effective
 Donate Cannibalized
 Return to other Government Other

FILED FOR RECORDS
 REBECCA L. NORRIS
 CLERK OF CIRCUIT COURT
 GULF COUNTY, FLORIDA
 2013 SEP 26 PM 4:14

Enter Information for Asset/Inventory Activity checked above (Use Attachment if needed)			
Department/Location	Asset Tag #	Description	Serial Number
75 Detention & Corrections		530 lb Air Cooled 115V ice maker model # ID0502A161	1101214896

Enter Information for Vehicles, Heavy Equipment, Trailers (Use Attachment if needed)			
Vehicle Tag Number	Year, Make Model	Vehicle Identification No.	Odometer Miles

Other Information :

Department / Location Approval
Forms not properly signed or incomplete forms will be returned to the Department
Joe Danford
 Department Head Signature * 9/25/13
 Date
 * As Department Head/Custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.

Board of County Commissioners Consent Agenda Approval

 Date
 Approval must be obtained before transferring, disposing, or accepting an asset. Submit the completed form to the Clerk's Office for inclusion in the Board's Consent Agenda.

Office of the Clerk of Circuit Court

Asset Tag# _____ Asset Record Updated _____ Copy Returned to Department _____

10/8/13 JZ

From: rhart@gulfcountry-fl.gov
Sent: Tuesday, September 24, 2013 3:12 PM
To: kcollinsworth@gulfcountry-fl.gov
Subject: Fw: KaTom.com Order #KT1087450 Confirmation

Attached is the order information you requested

Thanks,

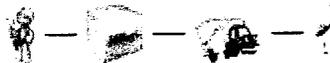
Raymond

From: KaTom Sales Team
Sent: Monday, August 12, 2013 1:19 PM
To: rhart@gulfcountry-fl.gov
Cc: order@katom.com
Subject: KaTom.com Order #KT1087450 Confirmation



Restaurant Equipment | Countertop | Janitorial | Kitchen Supplies | Tabletop | Furniture | Bar Supplies | Clearance Sale | Residential

Dear Raymond Hart



Thank you for shopping at KaTom Restaurant Supply.

We have received your order. Please allow 24 - 48 hours to have it processed. We greatly appreciate your business and patience. Please keep a copy for your Records.

If you have any questions, you can reach our Customer Appreciation Team through email at sales@katom.com, Live Chat with us, or call us at 1-800-541-8683 Monday - Friday, 8:00 AM - 8:00 PM.

Order Confirmation Number: **KT1087450**
 Sales Order Date: **08/12/2013**

Shipping Address:
 Gulf County Board of County Commissioners
 Raymond Hart
 1000 Cecil Costin Sr. Blvd.
 Port St. Joe, FL 32456
 Shipping Phone: (850)229-6251

Billing Address:
 Gulf County Board of County Commissioners
 Raymond Hart
 1000 Cecil Costin Sr. Blvd.
 Port St. Joe, FL 32456
rhart@gulfcountry-fl.gov
 Primary Phone: (850)229-6251

Jake Lewis
 Sheriff & Correction
 640

Order Confirmation Number: **KT1087450**
 Order Date: **08/12/2013**
 Shipping Preference: **Free Shipping**

Product	Qty	Price
Cube Style Ice Maker w/ 635-lb/24-hr. Air Cool, Stainless Product Code: 399-ID0606A261	1	\$2,502.19
Cube-Style Ice Maker w/ 530-lb/24-hr Capacity, Air-Cooled, 11.5V Product Code: 399-ID0502A161	1	\$2,105.76

Shipping: FREE

GULF COUNTY ASSET / INVENTORY ACTIVITY FORM

Initiating Department: 75 - Detention & Corrections

Check type of Activity below:

Asset Acquisition
Asset Purchase \$2502.19 KT1087450 08/12/13 Katom
Amount Invoice# Invoice Date Vendor Name
Attach a copy of this form to the invoice when submitting to the Clerk's Office for payment

Asset Donation
Donation From Asset Description Value

Improvement to Existing Asset
Describe the Need For and Description Of the Improvement, Attach a copy if necessary

Asset Transfer To
Receiving Department -- Name
Surplus (useable condition but no longer needed by Department)

Asset Disposal
Retired (check reason) Retirement Reason:
Obsolete / No longer needed
Sold Non-Repairable
Trade-in Repair Not Cost Effective
Donate Cannibalized
Return to other Government Other

FILED FOR RECORDER
REBECCA L. NORRIS
CLERK OF CIRCUIT COURT
GULF COUNTY, FLORIDA
13 SEP 26 PM 4:14

Table with 4 columns: Department/Location, Asset Tag #, Description, Serial Number. Row 1: 75-Detention & Corrections, [blank], 635 lb Air Cool stainless maker model # ID0606A261, 1101227519

Table with 4 columns: Vehicle Tag Number, Year, Make Model, Vehicle Identification No., Odometer Miles. All cells are empty.

Other Information :

Department / Location Approval
Forms not properly signed or incomplete forms will be returned to the Department
Joe Danford
Department Head Signature *
Date 9/25/13
* As Department Head/Custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.

Board of County Commissioners
Consent Agenda Approval
Date
Approval must be obtained before transferring, disposing, or accepting an asset. Submit the completed form to the Clerk's Office for inclusion in the Board's Consent Agenda.

Office of the Clerk of Circuit Court
Asset Tag# Asset Record Updated Copy Returned to Department

10/5/13

From: rhart@gulfcounty-fl.gov
Sent: Tuesday, September 24, 2013 3:12 PM
To: kcollinsworth@gulfcounty-fl.gov
Subject: Fw: KaTom.com Order #KT1087450 Confirmation

Attached is the order information you requested

Thanks,

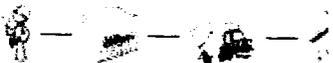
Raymond

From: KaTom Sales Team
Sent: Monday, August 12, 2013 1:19 PM
To: rhart@gulfcounty-fl.gov
Cc: order@katom.com
Subject: KaTom.com Order #KT1087450 Confirmation



Restaurant Equipment | Countertop | Janitorial | Kitchen Supplies | Tabletop | Furniture | Bar Supplies | Clearance Sale | Residential

Dear Raymond Hart



Thank you for shopping at KaTom Restaurant Supply.

We have received your order. Please allow 24 - 48 hours to have it processed. We greatly appreciate your business and patience. Please keep a copy for your Records.

If you have any questions, you can reach our Customer Appreciation Team through email at sales@katom.com, Live Chat with us, or call us at 1-800-541-8683 Monday - Friday, 8:00 AM - 8:00 PM.

Order Confirmation Number: **KT1087450**
 Sales Order Date: **08/12/2013**

Shipping Address:
 Gulf County Board of County Commissioners
 Raymond Hart
 1000 Cecil Costin Sr. Blvd.
 Port St. Joe, FL 32456
 Shipping Phone: (850)229-6251

Billing Address:
 Gulf County Board of County Commissioners
 Raymond Hart
 1000 Cecil Costin Sr. Blvd.
 Port St. Joe, FL 32456
rhart@gulfcounty-fl.gov
 Primary Phone: (850)229-6251

Mike Lewis
 Sheriff & Correction
 850-629-640

Order Confirmation Number: **KT1087450**
 Order Date: **08/12/2013**
 Shipping Preference: **Free Shipping**

Product	Qty	Price
Cube Style Ice Maker w/ 635-lb/24-hr, Air Cool, Stainless Product Code: 399-ID0606A261	1	\$2,502.19
Cube-Style Ice Maker w/ 530-lb/24-hr Capacity, Air-Cooled, 115V Product Code: 399-ID0502A161	1	\$2,105.76

Shipping: FREE

GULF COUNTY ASSET / INVENTORY ACTIVITY FORM

FILED FOR RECORD
REBECCA L. NORRIS
CLERK OF CIRCUIT COURT
GULF COUNTY, FLORIDA
2013 SEP 23 PM 12:41

Initiating Department: # 50 Gulf County Extension

Check type of Activity below:

- Asset Acquisition
- Asset Purchase

Amount Invoice# Invoice Date Vendor Name
 Attach a copy of this form to the invoice when submitting to the Clerk's Office for payment

- Asset Donation

Donation From Asset Description Value

- Improvement to Existing Asset

Describe the Need For and Description Of the Improvement, Attach a copy if necessary

- Asset Transfer To

- Receiving Department -- Name _____
- Surplus (useable condition but no longer needed by Department)

- Asset Disposal

- | | | |
|---|--------------------|--|
| <input type="checkbox"/> Retired (check reason) | Retirement Reason: | <input type="checkbox"/> Obsolete / No longer needed |
| <input type="checkbox"/> Sold | | <input checked="" type="checkbox"/> Non-Repairable |
| <input type="checkbox"/> Trade-in | | <input type="checkbox"/> Repair Not Cost Effective |
| <input type="checkbox"/> Donate | | <input type="checkbox"/> Cannibalized |
| <input type="checkbox"/> Return to other Government | | <input type="checkbox"/> Other |

FILED FOR RECORD
REBECCA L. NORRIS
CLERK OF CIRCUIT COURT
GULF COUNTY, FLORIDA
2013 SEP 19 AM 9:24

Enter Information for Asset/Inventory Activity checked above (Use Attachment if needed)

Department/Location	Asset Tag #	Description	Serial Number
County Extension 50-41	01409	NEC Telephone System	

Enter Information for Vehicles, Heavy Equipment, Trailers (Use Attachment if needed)

Vehicle Tag Number	Year, Make Model	Vehicle Identification No.	Odometer Miles

Other Information :

Department / Location Approval

Forms not properly signed or incomplete forms will be returned to the Department

Roy Lee Carter
Department Head Signature *

9-16-2013
Date

* As Department Head/Custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.

Board of County Commissioners
Consent Agenda Approval

Date

Approval must be obtained before transferring, disposing, or accepting an asset. Submit the completed form to the Clerk's Office for inclusion in the Board's Consent Agenda.

Office of the Clerk of Circuit Court

Asset Tag# _____ Asset Record Updated _____ Copy Returned to Department _____

GULF COUNTY ASSET / INVENTORY ACTIVITY FORM

FILED FOR RECORDS
REBECCA L. NORRIS
CLERK OF CIRCUIT COURT
GULF COUNTY, FLORIDA

2013 SEP 25 PM 2:56

Initiating Department: SUPERVISOR OF ELECTIONS

Check type of Activity below:

Asset Acquisition
 Asset Purchase 1,539.39 X16DZNF19 7/24/13 DELL
Amount Invoice# Invoice Date Vendor Name

Attach a copy of this form to the invoice when submitting to the Clerk's Office for payment

Asset Donation
Donation From _____ Asset Description _____ Value _____

Improvement to Existing Asset
Describe the Need For and Description Of the Improvement, Attach a copy if necessary

Asset Transfer To
 Receiving Department - Name _____
 Surplus (useable condition but no longer needed by Department)

Asset Disposal
Retired (check reason) Retirement Reason:
 Sold Obsolete / No longer needed
 Trade-in Non-Repairable
 Donate Repair Not Cost Effective
 Return to other Government Cannibalized
 Other

Enter Information for Asset/Inventory Activity checked above (Use Attachment if needed)			
Department/Location	Asset Tag #	Description	Serial Number
<u>SOE</u>		<u>POWEREDGE T110 II SERVER (DELL)</u>	<u>BSF7771</u>

Enter Information for Vehicles, Heavy Equipment, Trailers (Use Attachment if needed)			
Vehicle Tag Number	Year, Make Model	Vehicle Identification No.	Odometer Miles

Other Information :

<p align="center">Department / Location Approval</p> <p><i>Forms not properly signed or incomplete forms will be returned to the Department</i></p> <p><u>John M. Smith</u> Department Head Signature *</p> <p><u>9-19-13</u> Date</p> <p><small>* As Department Head/Custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.</small></p>	<p align="center">Board of County Commissioners Consent Agenda Approval</p> <p>_____ Date</p> <p><i>Approval must be obtained before transferring, disposing, or accepting an asset. Submit the completed form to the Clerk's Office for inclusion in the Board's Consent Agenda.</i></p>
--	--

Office of the Clerk of Circuit Court

Asset Tag# _____ Asset Record Updated _____ Copy Returned to Department _____

10/8/13

GULF COUNTY ASSET / INVENTORY ACTIVITY FORM

FILED FOR RECORDS
CLERK OF CIRCUIT COURT
GULF COUNTY, FLORIDA

2013 SEP 25 PM 2:57

Initiating Department:

SUPERVISOR OF ELECTIONS

Check type of Activity below:

- Asset Acquisition
- Asset Purchase

Amount Invoice# Invoice Date Vendor Name
 Attach a copy of this form to the invoice when submitting to the Clerk's Office for payment

- Asset Donation

Donation From Asset Description Value

- Improvement to Existing Asset

Describe the Need For and Description Of the Improvement, Attach a copy if necessary

- Asset Transfer To

- Receiving Department -- Name
- Surplus (useable condition but no longer needed by Department)

- Asset Disposal

- | | | |
|---|--------------------|--|
| <input type="checkbox"/> Retired (check reason) | Retirement Reason: | <input type="checkbox"/> Obsolete / No longer needed |
| <input type="checkbox"/> Sold | | <input type="checkbox"/> Non-Repairable |
| <input type="checkbox"/> Trade-in | | <input type="checkbox"/> Repair Not Cost Effective |
| <input type="checkbox"/> Donate | | <input type="checkbox"/> Cannibalized |
| <input type="checkbox"/> Return to other Government | | <input checked="" type="checkbox"/> Other |

Enter Information for Asset/Inventory Activity checked above (Use Attachment if needed)

Department/Location	Asset Tag #	Description	Serial Number
SOE	00261	IBM WHEELWRITER L	6747-11-6143259

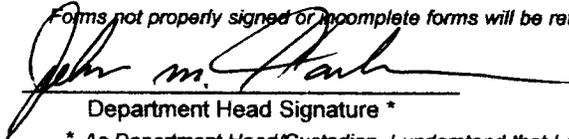
Enter Information for Vehicles, Heavy Equipment, Trailers (Use Attachment if needed)

Vehicle Tag Number	Year, Make Model	Vehicle Identification No.	Odometer Miles

Other Information : NOT IN POSSESSION

Department / Location Approval

Forms not properly signed or incomplete forms will be returned to the Department


 Department Head Signature *

9-25-13
 Date

* As Department Head/Custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.

Board of County Commissioners Consent Agenda Approval

Date

Approval must be obtained before transferring, disposing, or accepting an asset. Submit the completed form to the Clerk's Office for inclusion in the Board's Consent Agenda.

Office of the Clerk of Circuit Court

Asset Tag# _____ Asset Record Updated _____ Copy Returned to Department _____

GULF COUNTY ASSET / INVENTORY ACTIVITY FORM
FILED FOR RECORDS
CLERK OF CIRCUIT COURT
GULF COUNTY, FLORIDA

Initiating Department: SUPERVISOR OF ELECTIONS

2013 SEP 25 PM 2: 56

Check type of Activity below:

- Asset Acquisition
 - Asset Purchase

Amount	Invoice#	Invoice Date	Vendor Name
<i>Attach a copy of this form to the invoice when submitting to the Clerk's Office for payment</i>			
 - Asset Donation

Donation From	Asset Description	Value
- Improvement to Existing Asset

Describe the Need For and Description Of the Improvement, Attach a copy if necessary
- Asset Transfer To
 - Receiving Department -- Name _____
 - Surplus (useable condition but no longer needed by Department)
- Asset Disposal

<input type="checkbox"/> Retired (check reason) <input type="checkbox"/> Sold <input type="checkbox"/> Trade-in <input type="checkbox"/> Donate <input type="checkbox"/> Return to other Government	Retirement Reason:	<input type="checkbox"/> Obsolete / No longer needed <input type="checkbox"/> Non-Repairable <input type="checkbox"/> Repair Not Cost Effective <input checked="" type="checkbox"/> Cannibalized <input type="checkbox"/> Other
---	--------------------	---

Enter Information for Asset/Inventory Activity checked above (Use Attachment if needed)			
Department/Location	Asset Tag #	Description	Serial Number
SOE	30-67	COMPAQ COMPUTER	
			COMPAL6X29KN8ZTDYN

Enter Information for Vehicles, Heavy Equipment, Trailers (Use Attachment if needed)			
Vehicle Tag Number	Year, Make Model	Vehicle Identification No.	Odometer Miles

Other Information :

<p style="text-align: center;">Department / Location Approval</p> <p style="font-size: small;">Forms not properly signed or incomplete forms will be returned to the Department</p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Department Head Signature * </div> <div style="text-align: center;"> <u>9-20-13</u> Date </div> </div> <p style="font-size: x-small;">* As Department Head/Custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.</p>	<p style="text-align: center;">Board of County Commissioners Consent Agenda Approval</p> <p style="text-align: center;">_____ Date</p> <p style="font-size: x-small;">Approval must be obtained <u>before</u> transferring, disposing, or accepting an asset. Submit the completed form to the Clerk's Office for inclusion in the Board's Consent Agenda.</p>
--	---

Office of the Clerk of Circuit Court

Asset Tag# _____ Asset Record Updated _____ Copy Returned to Department _____

10/8/13 *JS*

GULF COUNTY ASSET / INVENTORY ACTIVITY FORM

Initiating Department: SUPERVISOR OF ELECTIONS

2013 SEP 25 PM 2: 56

Check type of Activity below:

Asset Acquisition

Asset Purchase

Amount Invoice# Invoice Date Vendor Name

Attach a copy of this form to the invoice when submitting to the Clerk's Office for payment

Asset Donation

Donation From

Asset Description

Value

Improvement to Existing Asset

Describe the Need For and Description Of the Improvement, Attach a copy if necessary

Asset Transfer To

Receiving Department -- Name

Surplus (useable condition but no longer needed by Department)

Asset Disposal

Retired (check reason)

Retirement Reason:

Obsolete / No longer needed

Sold

Non-Repairable

Trade-in

Repair Not Cost Effective

Donate

Cannibalized

Return to other Government

Other

Enter Information for Asset/Inventory Activity checked above (Use Attachment if needed)

Department/Location	Asset Tag #	Description	Serial Number
SOE	30-43	PIONEX 100 PENTIUM WORKSTATION	6000120704

Enter Information for Vehicles, Heavy Equipment, Trailers (Use Attachment if needed)

Vehicle Tag Number	Year, Make Model	Vehicle Identification No.	Odometer Miles

Other Information : NOT IN POSSESSION

Department / Location Approval

Forms not properly signed or incomplete forms will be returned to the Department

John M. Hawk
Department Head Signature *

9-25-13
Date

* As Department Head/Custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.

Board of County Commissioners

Consent Agenda Approval

Date

Approval must be obtained before transferring, disposing, or accepting an asset. Submit the completed form to the Clerk's Office for inclusion in the Board's Consent Agenda.

Office of the Clerk of Circuit Court

Asset Tag# _____

Asset Record Updated _____

Copy Returned to Department _____

GULF COUNTY ASSET / INVENTORY ACTIVITY FORM

FILED FOR RECORDS
CCLCA L. NORRIS
CLERK OF CIRCUIT COURT
GULF COUNTY, FLORIDA

2013 SEP 25 PM 2:57

Initiating Department:

SUPERVISOR OF ELECTIONS

Check type of Activity below:

- Asset Acquisition
- Asset Purchase

Amount Invoice# Invoice Date Vendor Name
 Attach a copy of this form to the invoice when submitting to the Clerk's Office for payment

- Asset Donation

Donation From Asset Description Value

- Improvement to Existing Asset

Describe the Need For and Description Of the Improvement, Attach a copy if necessary

- Asset Transfer To

- Receiving Department -- Name _____
- Surplus (useable condition but no longer needed by Department)

- Asset Disposal

- | | | |
|---|--------------------|--|
| <input type="checkbox"/> Retired (check reason) | Retirement Reason: | <input type="checkbox"/> Obsolete / No longer needed |
| <input type="checkbox"/> Sold | | <input type="checkbox"/> Non-Repairable |
| <input type="checkbox"/> Trade-in | | <input type="checkbox"/> Repair Not Cost Effective |
| <input type="checkbox"/> Donate | | <input type="checkbox"/> Cannibalized |
| <input type="checkbox"/> Return to other Government | | <input checked="" type="checkbox"/> Other |

Enter Information for Asset/Inventory Activity checked above (Use Attachment if needed)

Department/Location	Asset Tag #	Description	Serial Number
SOE	0183Z	COMPAQ 590 PERSONAL COMPUTER	202305479

Enter Information for Vehicles, Heavy Equipment, Trailers (Use Attachment if needed)

Vehicle Tag Number	Year, Make Model	Vehicle Identification No.	Odometer Miles

Other Information : NOT IN POSSESSION

Department / Location Approval

Forms not properly signed or incomplete forms will be returned to the Department


 Department Head Signature *

9-25-13
Date

* As Department Head/Custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.

Board of County Commissioners
Consent Agenda Approval

Date

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Office of the Clerk of Circuit Court

Asset Tag# _____ Asset Record Updated _____ Copy Returned to Department _____

10/8/13 

GULF COUNTY ASSET / INVENTORY ACTIVITY FORM

Initiating Department:

SUPERVISOR OF ELECTIONS

Check type of Activity below:

2013 SEP 25 PM 2: 56

Asset Acquisition

Asset Purchase

Amount Invoice# Invoice Date Vendor Name

Attach a copy of this form to the invoice when submitting to the Clerk's Office for payment

Asset Donation

Donation From Asset Description Value

Improvement to Existing Asset

Describe the Need For and Description Of the Improvement, Attach a copy if necessary

Asset Transfer To

Receiving Department -- Name

Surplus (useable condition but no longer needed by Department)

Asset Disposal

Retired (check reason)

Retirement Reason: Obsolete / No longer needed

Sold

Non-Repairable

Trade-in

Repair Not Cost Effective

Donate

Cannibalized

Return to other Government

Other

Enter Information for Asset/Inventory Activity checked above (Use Attachment if needed)

Department/Location	Asset Tag #	Description	Serial Number
SOE	30-56	LASERJET 4050T PRINTER	USCC 177202

Enter Information for Vehicles, Heavy Equipment, Trailers (Use Attachment if needed)

Vehicle Tag Number	Year, Make Model	Vehicle Identification No.	Odometer Miles

Other Information : SURPLUS

Department / Location Approval

Forms not properly signed or incomplete forms will be returned to the Department

John M. Stahl
Department Head Signature *

9-20-13
Date

* As Department Head/Custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.

Board of County Commissioners
Consent Agenda Approval

Date

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Office of the Clerk of Circuit Court

Asset Tag# _____

Asset Record Updated _____

Copy Returned to Department _____

GULF COUNTY ASSET / INVENTORY ACTIVITY FORM

FILED FOR RECORD
REBECCA L. NORRIS
CLERK OF CIRCUIT COURT
GULF COUNTY, FLORIDA

Initiating Department:

GULF COUNTY SUPERVISOR OF ELECTIONS

Check type of Activity below:

2013 SEP 25 PM 2: 56

- Asset Acquisition
- Asset Purchase

Amount Invoice# Invoice Date Vendor Name
 Attach a copy of this form to the invoice when submitting to the Clerk's Office for payment

- Asset Donation

Donation From Asset Description Value

- Improvement to Existing Asset

Describe the Need For and Description Of the Improvement, Attach a copy if necessary

- Asset Transfer To

- Receiving Department -- Name _____
- Surplus (useable condition but no longer needed by Department)

- Asset Disposal

- | | | |
|---|--------------------|--|
| <input type="checkbox"/> Retired (check reason) | Retirement Reason: | <input type="checkbox"/> Obsolete / No longer needed |
| <input type="checkbox"/> Sold | | <input checked="" type="checkbox"/> Non-Repairable |
| <input type="checkbox"/> Trade-in | | <input type="checkbox"/> Repair Not Cost Effective |
| <input type="checkbox"/> Donate | | <input type="checkbox"/> Cannibalized |
| <input type="checkbox"/> Return to other Government | | <input type="checkbox"/> Other |

Enter Information for Asset/Inventory Activity checked above (Use Attachment if needed)

Department/Location	Asset Tag #	Description	Serial Number
SOE	30-54	FUJITSU FLATBED SCANNER	7110419-SRC

Enter Information for Vehicles, Heavy Equipment, Trailers (Use Attachment if needed)

Vehicle Tag Number	Year, Make Model	Vehicle Identification No.	Odometer Miles

Other Information : JUNKED

Department / Location Approval

Forms not properly signed or incomplete forms will be returned to the Department

[Signature]
 Department Head Signature *

9-19-13
 Date

* As Department Head/Custodian, I understand that I am responsible for keeping track of the property under my custodianship and for locating and showing all property to the county auditor during the annual audit of the Capital Assets.

Board of County Commissioners Consent Agenda Approval

_____ Date

Approval must be obtained before transferring, disposing, or accepting an asset. Submit the completed form to the Clerk's Office for inclusion in the Board's Consent Agenda.

Office of the Clerk of Circuit Court

Asset Tag# _____ Asset Record Updated _____ Copy Returned to Department _____

10/8/13 [Signature]



1130 Connecticut Avenue, NW
Suite 300
Washington, D.C. 20036
202.331.8500
202.331.1598 fax

Invoice Number 0813579
Invoice Date August 31, 2013
PO Number
Contract
Project 0711-GULFCOUNTY
Page 1 of 1

Don Butler
Gulf County, FL
1000 Cecil G. Costin Sr. Blvd.
Room 302
Port St. Joe, FL 32456

Manager Valerie L. Gelnovatch

		Current Amount
REIMBURSABLE EXPENSES		
Telephone	ALLIEDTELE 08/13 Internet	6.38
Telephone	ATT1916 LCM 08/13	7.50
Telephone	ATTTFG Jun 13/Jul 13	71.78
Telephone	PAETEC July 2013	6.35
Telephone	Valerie L. Gelnovatch Monthly Cell Phone - July	9.61
Travel	Valerie L. Gelnovatch Inflight Internet 07/09/13	14.00
Invoice Total		<u>115.62</u>

This invoice is due upon receipt

Please return yellow copy with payment.

APPROVED FOR PAYMENT

Date 9/30/13 D.H. [Signature]

Acct. # 21111-31200

FILED FOR RECORD
REBECCA L. HARRIS
CLERK OF CIRCUIT COURT
GULF COUNTY, FLORIDA
2013 OCT -2 PM 12:53

DATE 10/8/13 4



1120 20th St, N.W., Suite 500-S
 Washington, DC 20036
 Billing Phone: 202.349.0420
 E-Mail: billing@alliedtelecom.net
www.alliedtelecom.com

The Ferguson Group
 1130 Connecticut Ave. NW Suite 300
 Washington DC 20036

37 Monthly Invoice

Client Account #	00001498
Invoice Number	1002992
Bill Date	7/2/2013
Due Date:	8/1/2013
Service Period:	08/01-31/2013

Service Description	Purchase Order No.		Amount
	Quantity	Rate	
10 Mbps Dedicated Internet Access	1	1,000.00	1,000.00
3 Mbps/768 Kbps Dedicated Internet Access	1	200.00	200.00
Pay your bills online at: https://www.intuitbillpay.com/alliedtelecom			

Subtotal	\$1,200.00
Payments/Adjustments	\$0.00
Monthly Balance	\$1,200.00

0357-MCHENRYCOUNT	\$	6.38
0371-COLLEGE PARK	\$	6.38
0377-NATAT	\$	6.38
0381-PBEA	\$	6.38
0382-SHOTSPOTTER	\$	6.38
0386-SANLUISOBISP	\$	6.38
0397-SANJOAQUINGB	\$	6.38
0401-BCAG	\$	6.38
0402-LENOIR	\$	6.38
0404-MIDPENINSULA	\$	6.38
0412-CCROCK	\$	6.38
0417-YAKIMABASIN	\$	6.38
0419-TAMARAC	\$	6.38
0422-KNIGHTSLANDING	\$	6.38
0425-HAMILTONCO	\$	6.38
0484-KLAMATH	\$	6.38
0507-NRPA	\$	6.38
0510-MAC	\$	6.38
0525-ABTECH	\$	6.38
0528-LOWERPROVIDENCE	\$	6.38
0549-NCAEC	\$	6.38
0551-PWD	\$	6.38
0560-PEORIA	\$	6.38
0588-PIKE	\$	6.38
0605-OLAUGHLIN	\$	6.38
0614-GREGORY	\$	6.38
0618-IIDENERGY	\$	6.38
0620-MCNC	\$	6.38
0627-RD108	\$	6.38
0631-MERCEDID	\$	6.38
0668-GLOBAL JUSTICE	\$	6.38
0679-SKYTRAN	\$	6.38
0669-GAAC	\$	6.38
0701-WOODLAND	\$	6.38
0711-GULF COUNTY	\$	6.38
0713-PETERSBURG	\$	6.38
0714-THE ENERGY COALITION	\$	6.38
0718-WSWRA	\$	6.38
0723-YUMAAIR	\$	6.38
0727-LAGUNABEACH	\$	6.38
0728-PORTOLYMPIA	\$	6.38
0730-WATEREUSE	\$	6.38
0731-AEROGEN	\$	6.38
0740-MAGICJF	\$	6.38
0741-FTWAYNE	\$	6.38
0742-SEC	\$	6.38
0744-SETTLERS	\$	6.38
0747-BBID	\$	6.38

THE FERGUSON GROUP
 LLC
 1130 CONNECTICUT AVE NW ST 300
 WASHINGTON DC 20036-3981

Page 1 of 2
 Account Number 336 766-1801 550 1916
 Billing Date Jul 7, 2013

Web Site att.com



Monthly Statement

Bill-At-A-Glance

Previous Bill	336.58
Payment - Thank You!	336.58CR
Adjustments	.00
Balance	.00
Current Charges	168.35
Total Amount Due	\$168.35
Amount Due in Full by	Aug 6, 2013

Billing Summary

Questions? Visit att.com	Page	
Plans and Services	1	128.48
1 866 620-6000 PIN: 2885		
Repair Service:		
1 866 620-6900		
AT&T Long Distance Service	1	47.38
1 866 620-6000		
Internet Services	2	7.51CR
1 888 321-2375		
Total Current Charges		168.35

Detail of Payments and Adjustments

Item No.	Date	Description	Adjustments	Payments
1.	6-06	Payment		168.23
2.	7-05	Payment		168.35
Totals				336.58

Plans and Services

Monthly Service - Jul 7 thru Aug 6

Item	Quantity	Amount
3. Business Local Calling II	1	50.00
Flat Rate Line with Caller ID Remote Activation of Call Forwarding Caller-ID Name-Number Delivery Anonymous Call Blocking		
4. Voice Mail Service	1	14.95
5. Call Forwarding Busy Line	2	10.00
6. Call Forwarding Don't Answer Ring Control	2	10.00
7. Inside Wire Protection	2	17.00
Total Monthly Service		101.95

Surcharges and Other Fees

Item No.	Description	Quantity	Amount
8.	Federal Subscriber Line Charge	2	13.26
9.	Federal Universal Svc Fee-Mult	2	2.40
Total Surcharges and Other Fees			15.66

Government Fees and Taxes

Item No.	Description	Quantity	Amount
10.	Federal Excise Tax		2.51
11.	NC - State/Local Tax		6.88
12.	Telecommunications Relay Svc	2	.28
13.	Emergency 911 Service		1.20
Total Government Fees and Taxes			10.87

Total Plans and Services 128.48

News You Can Use Summary

- PREVENT DISCONNECT
 - FEDERAL FEE INCREASE
 - CARRIER INFORMATION
- See "News You Can Use" for additional information.

AT&T Long Distance Service

Local Services provided by AT&T North Carolina.

Logged in as:
DARREL RICKETTS

Role:
Company Administrator

Search Account Foundation Account: 02536130 Billing Account: 825623896 Wireless Number: N/A

Need help? [Chat Available](#)

Menu Options

- Billing**
 - Foundation Account
 - [View FAN Summary](#)
 - Billing Account
 - [View BAN Invoice Summary](#)
 - [Download Account Bill Image](#)
 - Wireless
 - [View CTN Summary](#)
 - [Current Usage](#)
 - Other
 - [Go Paperless](#)
 - [Bill Comparison](#)
 - [Download Billed Usage Details](#)
 - [Download Files](#)
- Disputes**
 - [Create Dispute](#)
 - [Submit Disputes](#)
 - [Dispute Tracking](#)
- Payment**
 - [View Payment History](#)
 - Pay Bill**
 - [One Time Payment](#)
 - [Recurring Payment](#)
 - [View/Print Remittance Form](#)
- Reports**
 - [Create/View Customized Reports](#)
 - [Delivery Profiles](#)
 - [Raw Data Output](#)
- Custom Account Hierarchy**
 - [Hierarchy Summary Report](#)
 - [Custom Hierarchy](#)
- Alerts**
 - [View Alerts History](#)
 - [Configure Alerts](#)

INVOICE SUMMARY FOR FERGUSON GROUP

Billing Period: **Jun 23, 2013 - Jul 22, 2013**

Foundation Account Number: 02536130

Foundation Account Name: FERGUSON GROUP-N CBE CRU

Bill-At-A-Glance for: 825623896 Change

Previous Balance	\$4,511.91
Payment - Thank You!	(\$4,511.91)
Adjustments	\$0.00
Balance	\$0.00
New Charges	\$2,321.22
Total Amount Due	\$2,321.22
Amount Due in Full by	Aug 17, 2013

[Bar Graph](#) | [Pie Graph](#)

Bill Messages

[View Full messages](#)

Detail Charges

- [Pooling Detail](#)
- [Co-Pay Detail](#)
- [Group Plan Detail](#)
- [CLIN Detail](#)

Account Level Charges

Monthly Charges	\$989.00	
Other Charges and Credits	\$159.20	
Total Account Level Charges	\$1,148.20	

Wireless Summary

Wireless Total Charges \$1,173.02

Wireless Detail

Wireless Number	User Name	Total
(202) 207-6863	AMANDA WOOD	\$89.99
(202) 255-5759	ROGER GWINN	\$77.19
(202) 255-5826	JOE RAEDER	\$67.48
(202) 255-9562	KAREEM MURPHY	\$71.59
(202) 270-4074	VAL GELNOVATCH	\$123.33

Page 1 of 4

Displaying 1 to 5 of 16 items

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Clients	Hours Worked	Ratio	Amount per Client
0669 General Aviation Airport Coalition	1.00	0.11%	\$2.60
0701 City of Woodland	2.40	0.27%	\$6.24
0711 Gulf County, FL	27.60	3.09%	\$71.78
0713 City of Petersburg	5.20	0.58%	\$13.52
0714 The Energy Coalition	1.40	0.16%	\$3.64
0718 Washington State Water Resources Associatic	1.00	0.11%	\$2.60
0723 Yuma International Airport	1.70	0.19%	\$4.42
0728 Port of Olympia	12.40	1.39%	\$32.25
0730 WateReuse Association	15.40	1.73%	\$40.05
0733 Agricultural Floodplain Management Alliance	0.80	0.09%	\$2.08
0739 Kari Technologies International	1.00	0.11%	\$2.60
0740 Magic Johnson Foundation	2.60	0.29%	\$6.76
0741 City of Fort Wayne	11.90	1.33%	\$30.95
0742 Stewart Environmental Consultants	2.70	0.30%	\$7.02
0743 NC Assoc of County Comm	0.50	0.06%	\$1.30
0744 Settlers Crossing	34.70	3.89%	\$90.25
0749 Brady Campaign	12.90	1.45%	\$33.55
0750 American Supply Association	0.20	0.02%	\$0.52
0751 Port of Cleveland	9.00	1.01%	\$23.41
0752 City of Fenton	3.00	0.34%	\$7.80
0901 Local Government Practice Group	5.10	0.57%	\$13.26
0902 Water & Natural Resources Practice Group	4.20	0.47%	\$10.92
0906 Grants Practice Group	28.90	3.24%	\$75.16
	892.50		2,321.22



ATTN: Customer Care
600 WillowBrook Office Park
Fairport, NY 14450

Billing Invoice

Return Service Requested

Account Number	Invoice Date	Total Amount Due
61110493	Jul 22, 2013	\$2,506.99

Invoice Number	Due Date	Amount Enclosed
54836041	Aug 15, 2013	

Check here for change of address (note changes below)

FERGUSON GROUP, LLC, THE ATTN: DARREL RICKETTS
1130 CONNECTICUT AVE NW
WASHINGTON, DC 20036

PAETEC
P.O. Box 1283
Buffalo, NY 14240-1283

000000000000611104936130&1500002506991307220000548360413

Please detach and return above portion with your payment



ATTN: Customer Care
600 WillowBrook Office Park
Fairport, NY 14450

Account Number	Invoice Date	Total Amount Due
61110493	Jul 22, 2013	\$2,506.99

Summary of Charges - Invoice 54836041

PREVIOUS BALANCE	\$1,236.68
Payments	\$0.00
Balance Forward - Due upon receipt	\$1,236.68
Monthly Charges	\$1,022.04
Usage Charges	\$0.50
Credits	(\$7.00)
Other Charges	\$24.55
Taxes and Surcharges	\$230.22
New Charges - Due by Aug 15, 2013	\$1,270.31
TOTAL INVOICE AMOUNT	\$2,506.99

Important Messages

Regulatory Assessment Surcharge

As a result of increases in the costs of regulatory compliance obligations, effective with your next monthly statement, the Regulatory Assessment Surcharge (RAS) will increase by 1.484%. The RAS is assessed per account on interstate and/or international billings to recover some of the increased costs incurred in complying with obligations, collections and charges imposed by local, state and federal regulations.

PAETEC Standard Terms & Conditions

For general information regarding PAETEC's Standard Terms & Conditions, visit www.paetec.com/about-us/notice/terms-conditions.html

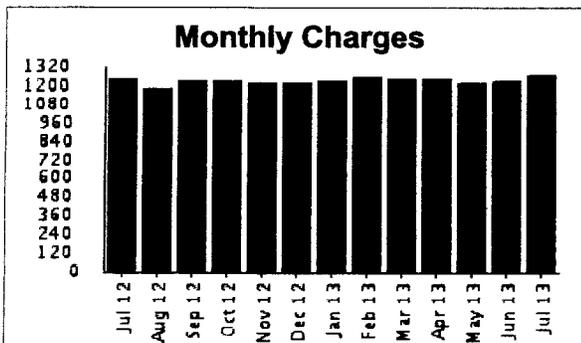
Notice Regarding the Federal Universal Charge

The Federal Communications Commission (FCC) has amended the Federal Universal Service Fund (USF) rate. Effective July 1, 2013, the rate for all customers will decrease from 15.5% to 15.1%. This fee results from a required federal contribution to support services in high-cost areas, low-income customers, schools, libraries, and rural health care providers. You will see this charge itemized under Taxes and Surcharges on your Invoice and Account Statement. For additional information, please visit <http://www.fcc.gov/encyclopedia/contribution-factor-quarterly-filings-universal-service-fund-usf-management-support>

How to Reach Our Customer Care Center

We are committed to answering your questions about our service, explaining all aspects of your monthly bill, and providing you with the personal attention you deserve. If you have any questions, please call a Customer Care representative at the number above. Our representatives are available Monday - Friday, 7 a.m. - 7 p.m. (CST) for all billing, order, and general questions. For repair questions and needs, please contact our Network Operations Center at 877.340.2555 where representatives are available 24 x 7.

(Additional Messages found on page 2)



Windstream Online

Manage your Windstream services directly and review invoice details, charge descriptions, and payment history at windstreambusiness.com/login.

Contact Us

Billing: 877.340.2600 or windstreambusiness.com/login
E-mail: WindstreamCustomerSupport@windstream.com
Repair: 877.340.2555
Web site: windstreambusiness.com

295		5.20	5.20	1.15	6.35
301		5.20	5.20	1.15	6.35
303		5.20	5.20	1.15	6.35
305		5.20	5.20	1.15	6.35
318		5.20	5.20	1.15	6.35
348		5.20	5.20	1.15	6.35
354		5.20	5.20	1.15	6.35
357		5.20	5.20	1.15	6.35
371		5.20	5.20	1.15	6.35
377		5.20	5.20	1.15	6.35
381		5.20	5.20	1.15	6.35
382		5.20	5.20	1.15	6.35
386		5.20	5.20	1.15	6.35
397		5.20	5.20	1.15	6.35
401		5.20	5.20	1.15	6.35
402		5.20	5.20	1.15	6.35
404		5.20	5.20	1.15	6.35
412		5.20	5.20	1.15	6.35
417		5.20	5.20	1.15	6.35
419		5.20	5.20	1.15	6.35
425		5.20	5.20	1.15	6.35
484		5.20	5.20	1.15	6.35
507		5.20	5.20	1.15	6.35
510		5.20	5.20	1.15	6.35
525		5.20	5.20	1.15	6.35
528		5.20	5.20	1.15	6.35
549		5.20	5.20	1.15	6.35
551		5.20	5.20	1.15	6.35
580		5.20	5.20	1.15	6.35
588		5.20	5.20	1.15	6.35
614		5.20	5.20	1.15	6.35
618		5.20	5.20	1.15	6.35
620		5.20	5.20	1.15	6.35
631		5.20	5.20	1.15	6.35
644		5.20	5.20	1.15	6.35
668		5.20	5.20	1.15	6.35
679		5.20	5.20	1.15	6.35
701		5.20	5.20	1.15	6.35
711		5.20	5.20	1.15	6.35
713		5.20	5.20	1.15	6.35
714		5.20	5.20	1.15	6.35
718		5.20	5.20	1.15	6.35
723		5.20	5.20	1.15	6.35
728		5.20	5.20	1.15	6.35
730		5.20	5.20	1.15	6.35
731		5.20	5.20	1.15	6.35
740		5.20	5.20	1.15	6.35
741		5.20	5.20	1.15	6.35
742		5.20	5.20	1.15	6.35
744		5.20	5.20	1.15	6.35
747		5.20	5.20	1.15	6.35
749		5.20	5.20	1.15	6.35
751		5.20	5.20	1.15	6.35
752		5.20	5.20	1.15	6.35
	-	1,040.09	1,040.09	230.22	1,270.31



VALERIE GELNOVATCH
714 ANASTASIA AVE
CORAL GABLES FL 33134-6406

Page 1 of 2
Account Number 305 442-9566 035 0441
Billing Date Jul 16, 2013
Web Site att.com

Work 40.03

001	-	30	-	14.41
091	-	30	-	14.41
711	-	20	-	9.61
340	-	20	-	9.61

Monthly Statement

Bill-At-A-Glance

Previous Bill	102.45
Payment Received 7-15 Thank You!	102.45CR
Adjustments	.00
Balance	.00
Current Charges	48.03
Total Amount Due	\$48.03
Amount Due in Full by	Aug 7, 2013

Plans and Services

Monthly Service - Jul 16 thru Aug 15		18.00
1. Residential Line		
Surcharges and Other Fees		
Item		
No.	Description	Quantity
2.	Federal Universal Service Fee	1
3.	Federal Subscriber Line Charge	1
Total Surcharges and Other Fees		7.64
Government Fees and Taxes		
Item		
No.	Description	Quantity
4.	Federal Excise Tax	
5.	FL - State Communications Tax	
6.	FL - Local Communications Tax	
7.	Telecommunications Access System Act Surcharge	1
8.	Emergency 911 Service	1
Total Government Fees and Taxes		3.43
Total Plans and Services		29.07

Billing Summary

Questions? Visit att.com	Page	
Plans and Services	1	29.07
1 888 757-6500		
PIN: 6684		
Repair Service:		
1 877 737-2478		
AT&T Long Distance Service	1	18.96
1 888 757-6500		
Total Current Charges		48.03

AT&T Long Distance Service

Monthly Service		
Charges for 305 442-9566		
Type of Service	Period	
9. Unlimited Nationwide Calling Advan. 2 - Mnth Fee	06/27-07/26	14.00
Call Charges		
Domestic Usage Summary		
Calls for 305 442-9566		
Domestic Minutes Used	2	
Total Domestic Minutes Used	2	
Surcharges and Other Fees		
10. Federal Universal Service Fee		1.55
11. Carrier Cost Recovery Fee	06/27-07/26	1.99
Total Surcharges and Other Fees		3.54
Government Fees and Taxes		
12. FL - State Communications Tax		.42
13. FL - Local Communications Tax		1.00
Total Government Fees and Taxes		1.42
Total AT&T Long Distance Service		18.96

News You Can Use Summary

- PREVENT DISCONNECT
 - ELECTRONIC PAYMENTS
 - MOVING SOON?
 - FEDERAL FEE INCREASE
 - CARRIER INFORMATION
 - AT&T PRIVACY POLICY
 - PAYMENT OPTIONS
- See "News You Can Use" for additional information.

Transaction Search - Company

All amounts are tax inclusive and displayed in their billing currency

PNC Bank 1940, Statement Period 06/11/2013 to 07/09/2013

Valerie L Gelnovatch

Posting Date	Tran Date	Account	Supplier	Amount	
06/21/2013	06/19/2013	XXXX-XXXX-XXXX-6871	American Ai	45.99	?
06/21/2013	06/19/2013	XXXX-XXXX-XXXX-6871	American Ai	240.80	?
06/28/2013	06/26/2013	XXXX-XXXX-XXXX-6871	Marriott 337u8 Waterside	5.00	?
06/28/2013	06/26/2013	XXXX-XXXX-XXXX-6871	Hattricks	6.25	?
06/28/2013	06/26/2013	XXXX-XXXX-XXXX-6871	Newslink B 107a Nmav	10.51	?
06/28/2013	06/26/2013	XXXX-XXXX-XXXX-6871	Newslink A 110 Nmav	13.89	?
06/28/2013	06/26/2013	XXXX-XXXX-XXXX-6871	United Cab	29.00	?
07/01/2013	06/27/2013	XXXX-XXXX-XXXX-6871	Hudson Newsmiami	3.49	?
07/01/2013	06/27/2013	XXXX-XXXX-XXXX-6871	Marriott 337u8 Waterside	6.40	?
07/01/2013	06/28/2013	XXXX-XXXX-XXXX-6871	Airside F Gifs10196038	6.28	?
07/01/2013	06/28/2013	XXXX-XXXX-XXXX-6871	Ciao Kiosk A S10195477	8.23	?
07/01/2013	06/28/2013	XXXX-XXXX-XXXX-6871	Marriott 337ua Waterside	222.88	?
07/04/2013	07/03/2013	XXXX-XXXX-XXXX-6871	Gogoair.Com	14.00	?
07/04/2013	07/03/2013	XXXX-XXXX-XXXX-6871	Delta Air	1,183.60	?
			Debit Total USD	1,796.32	
			Credit Total USD	0.00	
			Total USD	1,796.32	

*Inflight Internet
07/09/13
(lost original receipt)*

INVOICE NUMBER 271 0052511 REMIT TO: UniFirst Corporation
 INVOICE DATE 8/27/10 17740 ASHLEY DR. STE 107
 CUSTOMER# (BILL TO) 864482 PANAMA CITY BEACH FL 32413
 A/R NUMBER RTE# U3360
 CUSTOMER GULF CO OLD COURT HOUS



PAYMENT AMOUNT \$ _____ 27100525110

- Please Detach and Return With Payment -



UniFirst Corporation PAGE 001
 17740 ASHLEY DR STE 107 PANAMA CITY BEACH FL 32413

INVOICE 271 0052511 DATE 8/27/10 PAYMENT TERMS CHARGE PURCHASE ORDER CONTRACT # 591563

S
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864482
GULF CO OLD COURT HOUSE
222 N. 2ND ST.
WEWAHITCHKA FL 32465

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864482
GULF CO OLD COURT HOUSE
222 N. 2ND ST.
WEWAHITCHKA FL 32465

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL: 850/233-8586 RTE# U3360

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
		MAT 4X6 SCRAPER		1	4.50			3/10	1	
		SYN 4X6 MAT		4	14.00			3/10	4	
		DEFE CHARGE			.56					
		INVOICE SUB-TOTAL			19.06					
		SERVICE CHANGES			0					
					<u>19.06</u>					

FILED FOR RECORD
 REBECCA L. NORRIS
 CLERK OF CIRCUIT COURT
 GULF COUNTY, FLORIDA

2013 SEP 10 AM 9:17

OUR ONLY INVOICE - NET 30 DAYS. PLEASE SIGN

Stephanie Cherry

SOIL PICK UP COUNT SH _____ PT _____ OT _____ NO *THANUS STEW*

WE HAVE MOVED
 OUR NEW REMIT TO ADDRESS AND PHONE NUMBER ARE:
 17740 ASHLEY DRIVE SUITE 107
 PANAMA CITY, FLORIDA 32413
 PHONE NUMBER IS: 850-233-8586
 FAX NUMBER IS : 850-235-2516

FILED FOR RECORD
 REBECCA L. NORRIS
 CLERK OF CIRCUIT COURT
 GULF COUNTY, FLORIDA

2013 SEP 19 PM 5:17

Blake Lewis
 Courthouse Maintenance
 281712- 52

CASE NO. 10/11/10 **46**

INVOICE NUMBER 271 0053011 REMIT TO: UniFirst Corporation
 INVOICE DATE 9/03/13 17740 ASHLEY DR. STE 107
 CUSTOMER# (BILL TO) 864482 PANAMA CITY BEACH FL 32413
 A/R NUMBER RTE# U3360
 CUSTOMER GULF CO OLD COURT HOUSE

47



PAYMENT AMOUNT \$ _____

- Please Detach and Return With Payment -



UniFirst Corporation PAGE 001
 17740 ASHLEY DR. STE 107 PANAMA CITY BEACH FL 32413

INVOICE DATE PAYMENT TERMS PURCHASE ORDER CONTRACT
 271 0053011 9/03/13 CHARGE # 591563

T O V I S
 864482
 GULF CO OLD COURT HOUSE
 222 N. 2ND ST.
 WEWAHITCHKA FL 32465

B I L L
 864482
 GULF CO OLD COURT HOUSE
 222 N. 2ND ST.
 WEWAHITCHKA FL 32465

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL: 850/233-8586 RTE# U3360

SER/DEPT.	PEP NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
		MAT 4X6 SCRAPER		1	4.50			3/10	1	
		SYN 4X6 MAT		4	14.00			3/10	4	
		DEFE CHARGE			.56					
		INVOICE SUB-TOTAL			19.06					

FILED FOR RECORDED
 REBECCA L. NORRIS
 CLERK OF CIRCUIT COURT
 GULF COUNTY, FLORIDA
 2013 SEP 10 AM 11:17

TOTAL SERVICE CHANGES _____
 AMOUNT DUE 19.06

Rebecca Norris

THIS IS YOUR ONLY INVCE- NET 30 DAYS. PLEASE SIGN _____
 SOIL PICK UP COUNT SH _____ PT _____ OT _____ NO _____

THANKS
 Steve

FILED FOR RECORD
 REBECCA L. NORRIS
 CLERK OF CIRCUIT COURT
 GULF COUNTY, FLORIDA
 2013 SEP 19 PM 5:17

WE HAVE MOVED
 OUR NEW REMIT TO ADDRESS AND PHONE NUMBER ARE:
 17740 ASHLEY DRIVE SUITE 107
 PANAMA CITY, FLORIDA 32413
 PHONE NUMBER IS: 850-233-8586
 FAX NUMBER IS : 850-235-2516

Steve Lewis
 Courthouse Maintenance
 281712-52

DATE 10/8/13 **47**

INVOICE NUMBER 271 0053502 REMIT TO: UniFirst Corporation
 INVOICE DATE 9/10/13 17740 ASHLEY DR. STE 107
 CUSTOMER# (BILL TO) 864482 PANAMA CITY BEACH FL 32413
 A/R NUMBER RTE# U3360
 CUSTOMER GULF CO OLD COURT HOUSE

48



PAYMENT AMOUNT \$ _____

- Please Detach and Return With Payment -



UniFirst Corporation PAGE 001
 17740 ASHLEY DR. STE 107 PANAMA CITY BEACH FL 32413

INVOICE 271 0053502 DATE 9/10/13 PAYMENT TERMS CHARGE PURCHASE ORDER CONTRACT # 591563

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222 N. 2ND ST.
WEWAHITCHKA FL 32465

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GULF CO OLD COURT HOUSE
222 N. 2ND ST.
WEWAHITCHKA FL 32465

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL: 850/233-8586 RTE# U3360

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
		MAT 4X6 SCRAPER		1	4.50			3/10	1	
		SYN 4X6 MAT		4	14.00			3/10	4	
		DEFE CHARGE			56					
		INVOICE SUB-TOTAL			19.06					

TOTAL SERVICE CHANGES

AMOUNT DUE

19.06

THIS IS YOUR ONLY INVCE- NET 30 DAYS PLEASE SIGN

Sophonia Chonges

SOIL PICK UP COUNT SH _____ PT _____ OT _____ NO _____

WE HAVE MOVED
 OUR NEW REMIT TO ADDRESS AND PHONE NUMBER ARE:
 17740 ASHLEY DRIVE SUITE 107
 PANAMA CITY, FLORIDA 32413
 PHONE NUMBER IS: 850-233-8586
 FAX NUMBER IS : 850-235-2516

THANKS
STEVE

Jake Lewis
 Courthouse Maintenance
 281712- 52

FILED FOR RECORD
 REBECCA L. NORRIS
 CLERK OF CIRCUIT COURT
 GULF COUNTY, FLORIDA
 2013 SEP 19 PM 5:17

CONSENT DATE 10/14/13 *48*

INVOICE NUMBER 271 0054017
 INVOICE DATE 9/17/13
 CUSTOMER# (BILL TO) 864482
 A/R NUMBER
 CUSTOMER

REMIT TO: UniFirst Corporation
 17740 ASHLEY DR. STE 107
 PANAMA CITY BEACH FL 32413

49
 32413

RTE# U3360
 GULF CO OLD COURT HOUS



PAYMENT AMOUNT \$ _____

- Please Detach and Return With Payment -



UniFirst Corporation PAGE 001
 17740 ASHLEY DR. STE 107 PANAMA CITY BEAC FL 32413

INVOICE 271 0054017 DATE 9/17/13 PAYMENT TERMS CHARGE PURCHASE ORDER CONTRACT # 591563

S H I P T O
 864482
 GULF CO OLD COURT HOUSE
 222 N. 2ND ST.
 WEWAHITCHKA FL 32465

B I L L T O
 864482
 GULF CO OLD COURT HOUSE
 222 N. 2ND ST.
 WEWAHITCHKA FL 32465

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL: 850/233-9586 RTE# U3360

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
		MAT 4X6 SCRAPER		1	4.50			3/10	1	
		SYN 4X6 MAT		4	14.00			3/10	4	
		DEFE CHARGE			56					
		INVOICE SUB-TOTAL			19.06					
		TOTAL SERVICE CHANGES			0					
		AMOUNT DUE			19.06					

Courthouse Maintenance
 281712- 52

THIS IS YOUR ONLY INVCE- NET 30 DAYS. PLEASE SIGN

Stephanie Chomz

SOIL PICK UP COUNT SH _____ PT _____ OT _____ NO _____

WE HAVE MOVED
 OUR NEW REMIT TO ADDRESS AND PHONE NUMBER ARE:
 17740 ASHLEY DRIVE SUITE 107
 PANAMA CITY, FLORIDA 32413
 PHONE NUMBER IS: 850-233-9586
 FAX NUMBER IS : 850-235-2516

L.A. Anker
Staus
Sturmd

FILED FOR RECORD
 2013 SEP 26 PM 4:19
 CLERK OF DISTRICT COURT
 PANAMA CITY, FLORIDA

Due to continued unfavorable economic conditions over the past months, we find it necessary to slightly adjust your pricing. This adjustment will be effective with your next delivery. We appreciate your understanding of this and value your business. UniFirst is proud to have been selected as your supplier and we remain committed to providing you the best service in the industry.

10/2/13
 Spoke w/ S. Paul. Due to move at Weva Ct, cancel this account effective immediately.

Sgt. Jan

DATE 10/9/13 498

INVOICE NUMBER
INVOICE DATE
CUSTOMER# (BILL TO)
A/R NUMBER
CUSTOMER

271 0054018
9/17/13
864483

REMIT TO:

UniFirst Corporation
17740 ASHLEY DR. STE 107
PANAMA CITY BEACH FL

50
32413

RTE# B3260

GULF CO ROAD -WIPER/PA



PAYMENT AMOUNT \$ _____

27100540183

- Please Detach and Return With Payment -



UniFirst Corporation
17740 ASHLEY DR. STE 107 PANAMA CITY BEAC FL 32413

PAGE 001

INVOICE 271 0054018 DATE 9/17/13 PAYMENT TERMS CHARGE PURCHASE ORDER CONTRACT # 633734

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864483
GULF CO ROAD -WIPER/PAPER
1000 FL 71
BOBBY KNEE
PORT SAINT JOE FL 32456

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864483
GULF CO ROAD -WIPER/PAPER
1000 FL 71
BOBBY KNEE
PORT SAINT JOE FL 32456

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586

RTE# B3260

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					

BAGGED 18X18 WIPERS 10.00 3/10

INVOICE SUB-TOTAL 10.00

TOTAL SERVICE CHANGES _____

AMOUNT DUE 10.00

THIS IS YOUR ONLY INVCE- NET 30 DAYS. PLEASE SIGN *K. Collinsworth*

SOIL PICK UP COUNT SH _____ PT _____ QT _____ NO _____

SEP 19 PM 5:14
STATE OF FLORIDA
SHERIFF'S OFFICE
SUNSHINE STATE
TALLAHASSEE

WE HAVE MOVED
OUR NEW REMIT TO ADDRESS AND PHONE NUMBER ARE:
17740 ASHLEY DRIVE SUITE 107
PANAMA CITY, FLORIDA 32413
PHONE NUMBER IS: 850-233-8586
FAX NUMBER IS : 850-235-2516

Due to continued unfavorable economic conditions over the past 12 months, we find it necessary to slightly adjust your pricing. This price adjustment will be effective with your next delivery. We appreciate your understanding of this and value your business. UniFirst is proud to have been selected as your supplier and we remain committed to providing you the best service in the industry.

Zack Lewis
Fleet Maintenance
28151912-52

Thanks Zack

50
09/17/13

INVOICE NUMBER 271 0054503
 INVOICE DATE 9/24/13
 CUSTOMER# (BILL TO) 864483
 A/R NUMBER
 CUSTOMER

REMIT TO: UniFirst Corporation
 17740 ASHLEY DR. STE 107
 PANAMA CITY BEACH FL 32413

32 **51**

RTE# B3260
 GULF CO ROAD -WIPER/PA



PAYMENT AMOUNT \$ _____

- Please Detach and Return With Payment -



UniFirst Corporation PAGE 001
 17740 ASHLEY DR. STE 107 PANAMA CITY BEACH FL 32413

INVOICE	DATE	PAYMENT TERMS	PURCHASE ORDER	CONTRACT
271 0054503	9/24/13	CHARGE		# 633734

S 864483
H GULF CO ROAD -WIPER/PAPER
I 1000 FL 71
P
T BOBBY KNEE
O PORT SAINT JOE FL 32456

B 864483
I GULF CO ROAD -WIPER/PAPER
L 1000 FL 71
L
T BOBBY KNEE
O PORT SAINT JOE FL 32456

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586

RTE# B3260

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
		BAGGED 18X18 WIPERS			11.25			3/10		
		DEFE CHARGE			7.00					
		INVOICE SUB-TOTAL			18.25					

TOTAL SERVICE CHANGES

AMOUNT DUE

18.25

THIS IS YOUR ONLY INVCE- NET 30 DAYS. PLEASE SIGN

K. Collinsworth

SOIL PICK UP COUNT SH _____ PT _____ OT _____ NO _____

To Our Valued Customers: Due to the steady increase in energy related costs, which has affected many portions of our cost structure, we find it necessary to increase your pricing, effective with this delivery.

FILED FOR RECORD
 REBECCA L. MORRIS
 CLERK OF CIRCUIT COURT
 GULF COUNTY, FLORIDA

2013 SEP 26 PM 4: 19

Jake Lewis
 Fleet Maintenance
 28151912- 52

DATE 10/8/13 **51** *JS*

INVOICE NUMBER 271 0054019
 INVOICE DATE 9/17/13
 CUSTOMER# (BILL TO) B64488
 A/R NUMBER
 CUSTOMER GULF COUNTY

REMIT TO: UniFirst Corporation
 17740 ASHLEY DR. STE 107
 PANAMA CITY BEACH FL 32413

52

RTE# B3240



2710054019T

PAYMENT AMOUNT \$ _____

- Please Detach and Return With Payment -



UniFirst Corporation
 17740 ASHLEY DR. STE 107 PANAMA CITY BEAC FL 32413

PAGE 001

INVOICE 271 0054019 DATE 9/17/13 PAYMENT TERMS CHARGE PURCHASE ORDER CONTRACT # 633734

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 B64488
 GULF COUNTY
 1000 CECIL G. COSTIN BLVD
 BOBBY KNEE
 PORT ST. JOE FL 32445

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 B64488
 GULF COUNTY
 1000 CECIL G. COSTIN BLVD
 BOBBY KNEE
 PORT ST. JOE FL 32445

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586

RTE# B3240

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
0007	3	PATTY JONES			3.46			3/10		
		S. S. SHIRT-65/35		9						
		PANTS-65/35		9						
0008	4	RICKY DAVIS			3.46			3/10		
		S. S. SHIRT-65/35		9						
		PANTS-65/35		9						
0014	7	LARRY BAKER			6.26			3/10		
		LS SHIRT-65/35		9						
		PANTS-65/35 SHORTS		5						
		PANTS-DENIM-JEAN		9						
0015	8	SCOTT GORTMAN			5.76			3/10		
		S. S. SHIRT-65/35		9						
		PANTS-65/35 SHORTS		5						
		PANTS-DENIM-JEAN		9						
0018	9	RAYMOND ATCHISON			4.26			3/10		
		S. S. SHIRT-65/35		9						
		PANTS-DENIM-JEAN		9						
0019	10	DAVID GREEN			5.76			3/10		
		S. S. SHIRT-65/35		9						
		PANTS-65/35 SHORTS		5						
		PANTS-DENIM-JEAN		9						
0020	11	CHRIS WOOD			4.26			3/10		
		S. S. SHIRT-65/35		9						
		PANTS-DENIM-JEAN		9						
0021	12	JAMES HYSMITH			4.26			3/10		
		S. S. SHIRT-65/35		9						
		PANTS-DENIM-JEAN		9						
0022	13	PHILLIP NUNNERY			5.76			3/10		
		S. S. SHIRT-65/35		9						
		PANTS-65/35 SHORTS		5						
		PANTS-DENIM-JEAN		9						
0024	15	WOODY CHERRY			8.22			6/13		
		LS SHIRT-65/35		9						
		S. S. SHIRT-65/35		9						
		PANTS-65/35		9						
		PANTS-DENIM-JEAN		9						

52

INVOICE NUMBER 271 0054019
 INVOICE DATE 9/17/13
 CUSTOMER# (BILL TO) 864488
 A/R NUMBER
 CUSTOMER GULF COUNTY

REMIT TO: UniFirst Corporation
 17740 ASHLEY DR. STE 107
 PANAMA CITY BEACH FL 32413

53
32413

RTE# B3240



2710054019T

PAYMENT AMOUNT \$ _____

- Please Detach and Return With Payment -



UniFirst Corporation PAGE 002
 17740 ASHLEY DR. STE 107 PANAMA CITY BEAC FL 32413

INVOICE 271 0054019 DATE 9/17/13 PAYMENT TERMS CHARGE PURCHASE ORDER CONTRACT # 633734

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864488
GULF COUNTY
1000 CECIL G. COSTIN BLVD
BOBBY KNEE
PORT ST. JOE FL 32465

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864488
GULF COUNTY
1000 CECIL G. COSTIN BLVD
BOBBY KNEE
PORT ST. JOE FL 32465

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586

RTE# B3240

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					

INVOICE SUB-TOTAL 51.46

TOTAL SERVICE CHANGES _____

AMOUNT DUE 51.46

THIS IS YOUR ONLY INVCE- NET 30 DAYS. PLEASE SIGN K. Collinsworth

SH _____ PT _____ OT _____ NO _____

FILED FOR RECORD
 REBECCA L. NORRIS
 CLERK OF CIRCUIT COURT
 GULF COUNTY, FLORIDA
 2013 SEP 25 AM 10:30

WE HAVE MOVED

OUR NEW REMIT TO ADDRESS AND PHONE NUMBER ARE:
 17740 ASHLEY DRIVE SUITE 107
 PANAMA CITY, FLORIDA 32413
 PHONE NUMBER IS: 850-233-8586
 FAX NUMBER IS : 850-235-2516

Due to continued unfavorable economic conditions over the past 12 months, we find it necessary to slightly adjust your pricing. This price adjustment will be effective with your next delivery. We appreciate your understanding of this and value your business. UniFirst is proud to have been selected as your supplier and we remain committed to providing you the best service in the industry.

APPROVED FOR PAYMENT

Date 9/24/13 D.H. [Signature]

Acct. # _____

*Thanks
Zack*

53

INVOICE NUMBER 271 0054504
 INVOICE DATE 9/24/13
 CUSTOMER# (BILL TO) 864488
 A/R NUMBER
 CUSTOMER GULF COUNTY

REMIT TO: UniFirst Corporation
 17740 ASHLEY DR. STE 107
 PANAMA CITY BEACH FL 32413

54
 32413

RTE# B3240

PAYMENT AMOUNT \$ _____



2710054504S

- Please Detach and Return With Payment -



UniFirst Corporation
 17740 ASHLEY DR. STE 107 PANAMA CITY BEAC FL 32413

PAGE 001

INVOICE DATE PAYMENT TERMS PURCHASE ORDER CONTRACT
 271 0054504 9/24/13 CHARGE # 633734

S 864488
H GULF COUNTY
I 1000 CECIL G. COSTIN BLVD
P BOBBY KNEE
T PORT ST. JOE FL 32465
O

B 864488
I GULF COUNTY
L 1000 CECIL G. COSTIN BLVD
T BOBBY KNEE
O PORT ST. JOE FL 32465

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586

RTE# B3240

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
0007	3	PATTY JONES S. S. SHIRT-65/35 PANTS-65/35		9	3.69			3/10		
0008	4	RICKY DAVIS S. S. SHIRT-65/35 PANTS-65/35		9	3.69			3/10		
0014	7	LARRY BAKER LS SHIRT-65/35 PANTS-65/35 SHORTS PANTS-DENIM-JEAN		9 5 9	6.73			3/10		
0015	8	SCOTT GORTMAN S. S. SHIRT-65/35 PANTS-65/35 SHORTS PANTS-DENIM-JEAN		9 5 9	6.19			3/10		
0018	9	RAYMOND ATCHISON S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9 9	4.59			3/10		
0019	10	DAVID GREEN S. S. SHIRT-65/35 PANTS-65/35 SHORTS PANTS-DENIM-JEAN		9 5 9	6.19			3/10		
0020	11	CHRIS WOOD S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9 9	4.59			3/10		
0021	12	JAMES HYSMITH S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9 9	4.59			3/10		
0022	13	PHILLIP NUNNERY S. S. SHIRT-65/35 PANTS-65/35 SHORTS PANTS-DENIM-JEAN		9 5 9	6.19			3/10		
0024	15	WOODY CHERRY LS SHIRT-65/35 S. S. SHIRT-65/35 PANTS-65/35 PANTS-DENIM-JEAN		9 9 9 9	8.82			6/13		

54

INVOICE NUMBER 271 0054504
 INVOICE DATE 9/24/13
 CUSTOMER# (BILL TO) 864488
 A/R NUMBER
 CUSTOMER GULF COUNTY

REMIT TO: UniFirst Corporation
 17740 ASHLEY DR. STE 107
 PANAMA CITY BEACH FL 32413

55



PAYMENT AMOUNT \$ _____

- Please Detach and Return With Payment -



UniFirst Corporation PAGE 002
 17740 ASHLEY DR. STE 107 PANAMA CITY BEACH FL 32413

INVOICE 271 0054504 DATE 9/24/13 PAYMENT TERMS CHARGE PURCHASE ORDER CONTRACT # 633734

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GULF COUNTY
1000 CECIL G. COSTIN BLVD
BOBBY KNEE
PORT ST. JOE FL 32465

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GULF COUNTY
1000 CECIL G. COSTIN BLVD
BOBBY KNEE
PORT ST. JOE FL 32465

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586 RTE# B3240

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					

DEFE CHARGE 7.00

INVOICE SUB-TOTAL 62.27

TOTAL SERVICE CHANGES

AMOUNT DUE 62.27

THIS IS YOUR ONLY INVCE- NET 30 DAYS. PLEASE SIGN

J.K. Collinsworth

SOIL PICK UP COUNT SH _____ PT _____ OT _____ NO _____

To Our Valued Customers: Due to the steady increase in energy related costs, which has affected many portions of our cost structure we find it necessary to increase your pricing, effective with this date.

FILED FOR RECORD
 REBECCA L. NORRIS
 CLERK OF CIRCUIT COURT
 GULF COUNTY, FLORIDA
 2013 OCT - 2 PM 12: 54

APPROVED FOR PAYMENT

Date 9/25/13 D.H. JK

Acct. # _____

CONSENT DATE 10/8/13 eg
 55

INVOICE NUMBER 271 0054020
 INVOICE DATE 9/17/13
 CUSTOMER# (BILL TO) 864492
 A/R NUMBER
 CUSTOMER GULF COUNTY

REMIT TO: UniFirst Corporation
 17740 ASHLEY DR. STE 107
 PANAMA CITY BEACH FL 32413

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 32413

RTE# B3230



2710054020L

PAYMENT AMOUNT \$ _____

- Please Detach and Return With Payment -



UniFirst Corporation
 17740 ASHLEY DR. STE 107 PANAMA CITY BEAC FL 32413

PAGE 001

INVOICE DATE PAYMENT TERMS PURCHASE ORDER CONTRACT
 271 0054020 9/17/13 CHARGE # 633734

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 864492
 GULF COUNTY
 1001 CECIL G. COSTIN BLVD
 DPW GERALD SHEARER
 PORT SAINT JOE FL 32456

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 864492
 GULF COUNTY
 1001 CECIL G. COSTIN BLVD
 DPW GERALD SHEARER
 PORT SAINT JOE FL 32456

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586

RTE# B3230

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
0002	1	KEN BLAND S. S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0006	3	ROBERT THOMAS S. S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0007	4	HARLAN HADDOCK S. S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0009	5	JAKE LEWIS S. S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			3/10		
0010	6	RICK SUMMERS S. S. SHIRT-65/35 PANTS-65/35			3.46			3/10		
0011	7	JIMMY PORTER S. S. SHIRT-65/35 PANTS-WESTERN-JEANS			3.96			3/10		
0013	8	ZEBEDE ADDISON S. S. SHIRT-65/35 PANTS-65/35			3.46			3/10		
0014	9	DOUG KELLY S. S. SHIRT-65/35 PANTS-65/35 SHORTS PANTS-DENIM-JEAN PANT-PLEATED-SHORTS			7.26			3/10		
0015	10	LARRY YOUNG LS SHIRT-65/35 PANTS-65/35			3.96			3/10		
0016	16	JAMES VICKERS S. S. SHIRT-65/35 PANTS-65/35			3.46			8/13		
0017	17	ANDY PITTS S. S. SHIRT-65/35 PANTS-DENIM-JEAN			4.26			9/13		
0020	11	BRYAN HOBBS S. S. SHIRT-65/35			4.26			3/10		

56

INVOICE NUMBER 271 0054020
 INVOICE DATE 9/17/13
 CUSTOMER# (BILL TO) 864492
 A/R NUMBER
 CUSTOMER GULF COUNTY

REMIT TO: UniFirst Corporation
 17740 ASHLEY DR. STE 107
 PANAMA CITY BEACH FL

57
 32413



2710054020L

PAYMENT AMOUNT \$ _____

- Please Detach and Return With Payment -



UniFirst Corporation
 17740 ASHLEY DR. STE 107 PANAMA CITY BEAC FL 32413

PAGE 002

INVOICE 271 0054020 DATE 9/17/13 PAYMENT TERMS CHARGE PURCHASE ORDER CONTRACT # 633734

S N I P T O
 864492
 GULF COUNTY
 1001 CECIL G. COSTIN BLVD
 DPW GERALD SHEARER
 PORT SAINT JOE FL 32456

B I L L T O
 864492
 GULF COUNTY
 1001 CECIL G. COSTIN BLVD
 DPW GERALD SHEARER
 PORT SAINT JOE FL 32456

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586

RTE# B3230

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP	
				QTY.	AMOUNT						
0022	13	PANTS-DENIM-JEAN		9							
		TITUS WILLIAMS			3.46			3/10			
		S. S. SHIRT-65/35		9							
		PANTS-65/35		9							
0024	14	TONY LARRY			4.26			3/10			
		S. S. SHIRT-65/35		9							
		PANTS-DENIM-JEAN		9							
INVOICE SUB-TOTAL						58.84					
TOTAL SERVICE CHANGES											
AMOUNT DUE						<u>58.84</u>					

THIS IS YOUR ONLY INVCE- NET 30 DAYS. PLEASE SIGN *J.K. Collinsworth*

PICK UP COUNT SH _____ PT _____ OT _____ NO _____

WE HAVE MOVED

OUR NEW REMIT TO ADDRESS AND PHONE NUMBER ARE:

17740 ASHLEY DRIVE SUITE 107
 PANAMA CITY, FLORIDA 32413
 PHONE NUMBER IS: 850-233-8586
 FAX NUMBER IS : 850-235-2516

Due to continued unfavorable economic conditions over the past 12 months, we find it necessary to slightly adjust your pricing. This price adjustment will be effective with your next delivery. We appreciate your understanding of this and value your business. UniFirst is proud to have been selected as your supplier and we remain committed to providing you the best service in the industry.

APPROVED FOR PAYMENT

Date 9/24/13 D.H. *dl*

Acct. # _____

Thanks Zack

57

INVOICE NUMBER 271 0054505
 INVOICE DATE 9/24/13
 CUSTOMER# (BILL TO) 864492
 A/R NUMBER
 CUSTOMER GULF COUNTY

REMIT TO: UniFirst Corporation
 17740 ASHLEY DR. STE 107
 PANAMA CITY BEACH FL 32413

58
 32413

RTE# B3230



PAYMENT AMOUNT \$ _____

2710054505T

- Please Detach and Return With Payment -



UniFirst Corporation PAGE 001
 17740 ASHLEY DR. STE 107 PANAMA CITY BEAC FL 32413

INVOICE DATE PAYMENT TERMS PURCHASE ORDER CONTRACT
 271 0054505 9/24/13 CHARGE # 633734

S 864492
H GULF COUNTY
I 1001 CECIL G. COSTIN BLVD
P DPW GERALD SHEARER
T PORT SAINT JOE FL 32456
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B 864492
I GULF COUNTY
L 1001 CECIL G. COSTIN BLVD
L DPW GERALD SHEARER
T PORT SAINT JOE FL 32456
O

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586

RTE# B3230

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
0002	1	KEN BLAND S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.59			3/10		
0006	3	ROBERT THOMAS S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.59			3/10		
0007	4	HARLAN HADDOCK S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.59			3/10		
0009	5	JAKE LEWIS S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.59			3/10		
0010	6	RICK SUMMERS S. S. SHIRT-65/35 PANTS-65/35		9	3.69			3/10		
0011	7	JIMMY PORTER S. S. SHIRT-65/35 PANTS-WESTERN-JEANS		9	4.23			3/10		
0013	8	ZEBEDE ADDISON S. S. SHIRT-65/35 PANTS-65/35		9	3.69			3/10		
0014	9	DOUG KELLY S. S. SHIRT-65/35 PANTS-65/35 SHORTS PANTS-DENIM-JEAN PANT-PLEATED-SHORTS		9 5 9 5	7.79			3/10		
0015	10	LARRY YOUNG LS SHIRT-65/35 PANTS-65/35		9	4.23			3/10		
0016	16	JAMES VICKERS S. S. SHIRT-65/35 PANTS-65/35		9	3.69			8/13		
0017	17	ANDY PITTS S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.59			9/13		
0020	11	BRYAN HOBBS S. S. SHIRT-65/35		9	4.59			3/10		

58

INVOICE NUMBER 271 0054505 REMIT TO UniFirst Corporation
 INVOICE DATE 9/24/13 17740 ASHLEY DR. STE 107
 CUSTOMER# (BILL TO) 864492 PANAMA CITY BEACH FL 32413
 A/R NUMBER RTE# B3230
 CUSTOMER GULF COUNTY



PAYMENT AMOUNT \$ _____

- Please Detach and Return With Payment -



UniFirst Corporation PAGE 002
 17740 ASHLEY DR. STE 107 PANAMA CITY BEACH FL 32413

INVOICE 271 0054505 DATE 9/24/13 PAYMENT TERMS CHARGE PURCHASE ORDER CONTRACT # 633734

S 864492
H GULF COUNTY
I 1001 CECIL G. COSTIN BLVD
P DPW GERALD SHEARER
O PORT SAINT JOE FL 32456

B 864492
I GULF COUNTY
L 1001 CECIL G. COSTIN BLVD
L DPW GERALD SHEARER
O PORT SAINT JOE FL 32456

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL: 850/233-8586 RTE# B3230

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
0022	13	PANTS-DENIM-JEAN		9						
		TITUS WILLIAMS			3.69			3/10		
		S. S. SHIRT-65/35		9						
		PANTS-65/35		9						
0024	14	TONY LARRY			4.59			3/10		
		S. S. SHIRT-65/35		9						
		PANTS-DENIM-JEAN		9						
		DEFE CHARGE			7.00					
		INVOICE SUB-TOTAL			70.14					

TOTAL SERVICE CHANGES _____
 AMOUNT DUE 70.14

THIS IS YOUR ONLY INVCE- NET 30 DAYS. PLEASE SIGN K. Collinsworth
 SOIL PICK UP COUNT SH _____ PT _____ OT _____ NO _____

FILED FOR RECORD TO
 REBECCA L. NORRIS
 CLERK OF CIRCUIT COURT
 GULF COUNTY, FLORIDA
 2013 OCT -2 PM 2:55

Valued Customers: Due to the steady increase in energy related which has affected many portions of our cost structure, we find it necessary to increase your pricing, effective with this delivery.

APPROVED FOR PAYMENT
 Date 9/25/13 OK
 Acct. # _____

DATE 10/8/13 **59**

INVOICE NUMBER 271 0054021
 INVOICE DATE 9/17/13
 CUSTOMER# (BILL TO) 864495
 A/R NUMBER
 CUSTOMER GULF COUNTY

REMIT TO: UniFirst Corporation
 17740 ASHLEY DR. STE 107
 PANAMA CITY BEACH FL 32413

60
32413

RTE# B3220



PAYMENT AMOUNT \$ _____

- Please Detach and Return With Payment -



UniFirst Corporation PAGE 001
 17740 ASHLEY DR. STE 107 PANAMA CITY BEAC FL 32413

INVOICE DATE PAYMENT TERMS PURCHASE ORDER CONTRACT
 271 0054021 9/17/13 CHARGE # 633734

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864495
GULF COUNTY
100 FL 71
STEVE MORK
PORT SAINT JOE FL 32454

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864495
GULF COUNTY
100 FL 71
STEVE MORK
PORT SAINT JOE FL 32454

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586 RTE# B3220

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
0001	1	STEVE MORK S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.26			3/10		
0002	2	LUTHUS HAND S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.56			3/10		
0004	3	STACY HANLON S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.26			3/10		
0005	4	BILL HAUN S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.26			3/10		
0006	5	RAYMOND HART S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.26			3/10		
0007	6	PATRICK CARPENTER S. S. SHIRT-65/35 JEAN RELAX FIT-100XC		9	4.74			3/10		
0009	7	SAM BROWN S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.26			3/10		
0010	8	TEDDY KEMP S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.26			3/10		
0012	9	TONY PRICE S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.26			3/10		

DATE 10/1/13 **60**

INVOICE NUMBER 271 0054021 REMIT TO
 INVOICE DATE 9/17/13
 CUSTOMER# (BILL TO) 864495
 A/R NUMBER
 CUSTOMER GULF COUNTY RTE# B3220

UniFirst Corporation
 17740 ASHLEY DR. STE 107
 PANAMA CITY BEACH FL 32413



PAYMENT AMOUNT \$ _____

- Please Detach and Return With Payment -



UniFirst Corporation PAGE 002
 17740 ASHLEY DR. STE 107 PANAMA CITY BEAC FL 32413

INVOICE DATE PAYMENT TERMS PURCHASE ORDER CONTRACT
 271 0054021 9/17/13 CHARGE # 633734

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 STEVE MORK
 PORT SAINT JOE FL 32456

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 GULF COUNTY
 100 FL 71
 STEVE MORK
 PORT SAINT JOE FL 32456

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586 RTE# B3220

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					

INVOICE SUB-TOTAL 39.12

TOTAL SERVICE CHANGES

AMOUNT DUE

39.12

AK Collinsworth

FILED FOR RECORD
 REBECCA L. MERRITT
 CLERK OF CIRCUIT COURT
 GULF COUNTY, FLORIDA

2013 SEP 25 AM 10:30

IS YOUR ONLY INVCE- NET 30 DAYS. PLEASE SIGN

PICK UP COUNT SH _____ PT _____ OT _____ NO _____

WE HAVE MOVED
 OUR NEW REMIT TO ADDRESS AND PHONE NUMBER ARE:
 17740 ASHLEY DRIVE SUITE 107
 PANAMA CITY, FLORIDA 32413
 PHONE NUMBER IS: 850-233-8586
 FAX NUMBER IS : 850-235-2516

Due to continued unfavorable economic conditions over the past 12 months, we find it necessary to slightly adjust your pricing. This price adjustment will be effective with your next delivery. We appreciate your understanding of this and value your business. UniFirst is proud to have been selected as your supplier and we remain committed to providing you the best service in the industry.

APPROVED FOR PAYMENT
 Date 9/24/13 D.H. AS
 Acct. # _____

Thanks Zack

INVOICE NUMBER 271 0054506
 INVOICE DATE 9/24/13
 CUSTOMER# (BILL TO) 864495
 A/R NUMBER
 CUSTOMER GULF COUNTY

REVIT TO: UniFirst Corporation
 17740 ASHLEY DR. STE 107
 PANAMA CITY BEACH FL 32413

62

RTE# B3220



2710054506U

PAYMENT AMOUNT \$ _____

- Please Detach and Return With Payment -



UniFirst Corporation
 17740 ASHLEY DR. STE 107 PANAMA CITY BEAC FL 32413

PAGE 001

INVOICE DATE PAYMENT TERMS PURCHASE ORDER CONTRACT
 271 0054506 9/24/13 CHARGE # 633734

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 PORT SAINT JOE FL 32456

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 STEVE MORK
 PORT SAINT JOE FL 32456

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586

RTE# B3220

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
0001	1	STEVE MORK S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.59			3/10		
0002	2	LUTHUS HAND S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.86			3/10		
0004	3	STACY HANLON S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.59			3/10		
0005	4	BILL HAUN S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.59			3/10		
0006	5	RAYMOND HART S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.59			3/10		
0007	6	PATRICK CARPENTER S. S. SHIRT-65/35 JEAN RELAX FIT-100% C		9	5.04			3/10		
0009	7	SAM BROWN S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.59			3/10		
0010	8	TEDDY KEMP S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.59			3/10		
0012	9	TONY PRICE S. S. SHIRT-65/35 PANTS-DENIM-JEAN		9	4.59			3/10		
		DEFE CHARGE			7.00					

62

INVOICE NUMBER 271 0054506
 NYO DE DATE 9/24/13
 CUSTOMER# (BILL TO) 864495
 A/R NUMBER
 CUSTOMER GULF COUNTY

REMIT TO: UniFirst Corporation
 17740 ASHLEY DR. STE 107
 PANAMA CITY BEACH FL 32413

63
32413

RTE# B3220



PAYMENT AMOUNT \$ _____

- Please Detach and Return With Payment -



UniFirst Corporation PAGE 002
 17740 ASHLEY DR. STE 107 PANAMA CITY BEAC FL 32413

INVOICE	DATE	PAYMENT TERMS	PURCHASE ORDER	CONTRACT
271 0054506	9/24/13	CHARGE		# 633734

S 864495
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O PORT SAINT JOE FL 32456

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I GULF COUNTY
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O PORT SAINT JOE FL 32456

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586 RTE# B3220

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					

INVOICE SUB-TOTAL 49.03

TOTAL SERVICE CHANGES _____

AMOUNT DUE 49.03

THIS IS YOUR ONLY INVCE- NET 30 DAYS. PLEASE SIGN *J.K. Collinsworth*

SOIL PICK UP COUNT SH _____ PT _____ OT _____ NO _____

To Our Valued Customers: Due to the steady increase in energy related costs, which has affected many portions of our cost structure, we find it necessary to increase your pricing, effective with this delivery.

FILED FOR RECORD
 REBECCA L. NORRIS
 CLERK OF CIRCUIT COURT
 GULF COUNTY, FLORIDA
 2013 OCT -2 PM 12:54

APPROVED FOR PAYMENT

Date 9/25/13 D.H. *JL*

Acct. # _____

Consent Date 10/8/13 **63**

INVOICE NUMBER
 INVOICE DATE
 CUSTOMER# (BILL TO)
 A/R NUMBER
 CUSTOMER

271 0054022
 9/17/13
 864498

REMIT TO:

UniFirst Corporation
 17740 ASHLEY DR. STE 107
 PANAMA CITY BEACH FL 32413

64

RTE# B3210

GULF COUNTY DUST ACCOU



PAYMENT AMOUNT \$ _____

2710054022N

- Please Detach and Return With Payment -



UniFirst Corporation
 17740 ASHLEY DR. STE 107 PANAMA CITY BEACH FL 32413

PAGE 001

INVOICE DATE PAYMENT TERMS PURCHASE ORDER CONTRACT
 271 0054022 9/17/13 CHARGE # 633734

SHIP TO
 864498
 GULF COUNTY DUST ACCOUNT
 1000 CECIL G COSTIN BLVD
 LYNN STEPHENS
 PORT SAINT JOE FL 32456

BILL TO
 864498
 GULF COUNTY DUST ACCOUNT
 1000 CECIL G COSTIN BLVD
 LYNN STEPHENS
 PORT SAINT JOE FL 32456

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586 RTE# B3210

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
		LOGO MAT 3X5 GULF CO		6	28.50			2/11	6	
		LOGO MAT 4X6 GULF CO		5	35.00			2/11	5	
		DISPENSER 2000M SOAP		2				3/10		
		SUPROMX HVYDUTY HND		2	5.00			3/10		

INVOICE SUB-TOTAL 68.50

TOTAL SERVICE CHANGES

AMOUNT DUE

68.50

Courthouse Maintenance
 281712-52

John Lewis
R. Collinsworth

THIS IS YOUR ONLY INVCE- NET 30 DAYS. PLEASE SIGN _____
 SH _____ PT _____ DT _____ NO _____

FILED FOR RECORDS
 REBECCA L. NORRIS
 CLERK OF CIRCUIT COURT
 GULF COUNTY, FLORIDA
 2013 SEP 19 PM 5:17

WE HAVE MOVED
 OUR NEW REMIT TO ADDRESS AND PHONE NUMBER ARE:
 17740 ASHLEY DRIVE SUITE 107
 PANAMA CITY, FLORIDA 32413
 PHONE NUMBER IS: 850-233-8586
 FAX NUMBER IS : 850-235-2516

Due to continued unfavorable economic conditions over the past 12 months, we find it necessary to slightly adjust your pricing. This price adjustment will be effective with your next delivery. We appreciate your understanding of this and value your business. UniFirst is proud to have been selected as your supplier and we remain committed to providing you the best service in the industry.

Thanks Zack

DATE 10/8/13 64

INVOICE NUMBER
INVOICE DATE
CUSTOMER# (BILL TO)
A/R NUMBER
CUSTOMER

271 0054507
9/24/13
864498

REMIT TO:

UniFirst Corporation
17740 ASHLEY DR. STE 107
PANAMA CITY BEACH FL

32-65

RTE# B3210
GULF COUNTY DUST ACCOU



PAYMENT AMOUNT \$ _____

2710054507V

- Please Detach and Return With Payment -



UniFirst Corporation
17740 ASHLEY DR. STE 107 PANAMA CITY BEAC FL 32413

PAGE 001

INVOICE DATE PAYMENT TERMS PURCHASE ORDER CONTRACT
271 0054507 9/24/13 CHARGE # 633734

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GULF COUNTY DUST ACCOUNT
1000 CECIL & COSTIN BLVD
LYNN STEPHENS
PORT SAINT JOE FL 32456

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GULF COUNTY DUST ACCOUNT
1000 CECIL & COSTIN BLVD
LYNN STEPHENS
PORT SAINT JOE FL 32456

IF YOU HAVE A QUESTION REGARDING THIS INVOICE, CALL:

850/233-8586

RTE# B3210

LKR/DEPT.	PER NUM.	DESCRIPTION OF SERVICE	SVC RED.	BILLED		TAX AMOUNT	ADJ. AMOUNT	ADD DATE	DEL. QTY.	PICK UP
				QTY.	AMOUNT					
		LOGO MAT 3X5 GULF CO		6	30.00			2/11	6	
		LOGO MAT 4X6 GULF CO		5	36.75			2/11	5	
		DISPENSER 2000M SOAP		2				3/10		
		SUPROMX HVYDUTY HND		2	5.50			3/10		
		DEFE CHARGE			7.00					
		INVOICE SUB-TOTAL			79.25					

TOTAL SERVICE CHANGES

AMOUNT DUE

79.25

THIS IS YOUR ONLY INVCE- NET 30 DAYS. PLEASE SIGN

K. Collinsworth

SOIL PICK UP COUNT

SH _____ PT _____ OT _____ NO _____

Stun mat

To Our Valued Customers: Due to the steady increase in energy related costs, which has affected many portions of our cost structure, we find it necessary to increase your pricing, effective with this delivery.

FILED FOR REC'D
REBECCA L. HODGSON
CLERK OF CIRCUIT COURT
GULF COUNTY, FL
2013 SEP 26 PM 4:20

Courthouse Maintenance
281712-52

65
10/8/13 *JS*

CHIEF ADMINISTRATOR'S OFFICE

Brett Lowry, Deputy Administrator

1000 CECIL G. COSTIN SR. BLVD., ROOM 301 A, PORT ST. JOE, FLORIDA 32456

PHONE (850)229-5335 • FAX (850) 229-5334 • EMAIL: blowry@gulfcounty-fl.gov

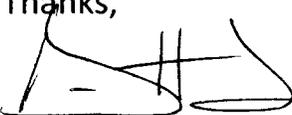
DATE AND TIME OF MEETINGS • SECOND AND FOURTH TUESDAY AT 9:00 A.M. E.T.

MEMORANDUM

TO: Tan Smiley, Chairman
FROM: Brett Lowry, Deputy Administrator
SUBJECT: PRM Health Trust Board of Directors
DATE: October 1, 2013

It is my recommendation to allow Denise Manual, Central Service Director to represent Gulf County and serve on the Public Risk Management Group Health Trust Board and for myself to serve as the Alternate Board Member.

Thanks,


Brett Lowry,
Deputy Administrator

FILED FOR RECORD
REBECCA L. NORRIS
CLERK OF CIRCUIT COURT
GULF COUNTY, FLORIDA
2013 OCT -2 PM 12:53

CARMEN L. McLEMORE
District 1

WARD McDANIEL
District 2

JOANNA BRYAN
District 3

TAN SMILEY
District 4

WARREN YEAGER
District 5

PROCLAMATION

WHEREAS, Herbert J. "Kuntry" Carter has pursued the focused effort to create a new concept of music known as Dixie Phonics for the expansion and development of southern music; and

WHEREAS, grassroots American Folk music has its origins in the Appalachian Mountains; and

WHEREAS, Cajun music is identified with southern Louisiana; and

WHEREAS, the form of music known as "Texas Swing" was created and developed in the state of Texas; and

WHEREAS, Bluegrass music traces its conception to rural Kentucky; and

WHEREAS, there is now a broad platform containing these musical concepts on which new artist can develop. It is agreed that these traditional southern musical identities represent a cultural exchange through music; and

WHEREAS, in a continuing effort to add to identifiable musical styles found in Gulf County and the general area of north Florida along the panhandle and south Georgia; and

WHEREAS, it is fitting that Dixie Phonics be recognized as a cultural and artistic manifestation of music unique to Gulf County and the north Florida area.

NOW, THEREFORE, the Gulf County Board of County Commissioners do hereby proclaim _____ as DIXIE PHONICS DAY in the County of Gulf, and commends Dixie Phonics and Herbert J. "Kuntry" Carter for the elevation and development of a distinct musical styling.

DULY executed this 8th day of October, 2013.

**BOARD OF COUNTY COMMISSIONERS
GULF COUNTY, FLORIDA**

Tynalin Smiley, Chairman

Attest:

Clerk/Deputy Clerk



GULF COUNTY TAX COLLECTOR

SHIRLEY J. JENKINS
TAX COLLECTOR

Telephone: (850) 229-6116

Fax: (850) 229-9224

September 30, 2013

TO: Taxing Authorities

RE: Parcel # 06319-040R

The Tax Collector's Office has approved a refund on the above referenced parcel. The Property Appraisers Office has issued an E & I on said parcel due to building not completed until September 2012. Please see attached sheet for amount due. If you have any questions you may call this office at 850-229-5353.

Sincerely,

Christina Strader
Gulf County Tax Collector's Office

FILED FOR RECORD
REBECCA L. NORRIS
CLERK OF CIRCUIT COURT
GULF COUNTY, FLORIDA
2013 SEP 30 AM 10:46

10/8/13 88
68

Shirley J Jenkins, CFC
Refund from Taxing Authorities

<u>Taxing Authority</u>	<u>Tax Year</u>	<u>Amount</u>
Gulf County BOCC	2012	1,084.97
Fire Zone		<u>75.58</u>
Total Due		1,160.55



Invoice	
Agent	PRIA - Daytona P. O. Box 2416 Daytona Beach FL, 32115
Acct ID	POL DEDUCTIBLE \$10000
Date	08/31/2013
Program Year	2012-2013

Package Deductibles

Gulf County Board of County Commissioners
1000 Cecil G. Costin Sr. Blvd.
Port St Joe, FL 32456

Payment Information	
Invoice Summary	\$ 10,000.00
Due Date	09/30/2013
Amount Enclosed	
Invoice Number	PUBAO226264

Thank You

Please detach and return with payment

Client: Gulf County Board of County Commissioners

Invoice	Invoice Date	Transaction Description	Amount
PUBAO226264	08/31/2013	PACKAGE DEDUCTIBLE BILLED James Garth - 226264	\$ 10,000.00
<i>Reg. Agenda</i>  <i>ok JZ</i>			FILED FOR RECORD REBECCA L. MORRIS CLERK OF CIRCUIT COURT GULF COUNTY, FLORIDA 2013 OCT -2 PM 12:53
Invoice Notes:			Total
			\$ 10,000.00

Make Check Payable to: Preferred Governmental Insurance Trust
P.O. Box 958455, Lake Mary, FL 32795-8455
Phone (321) 832-1456 Fax (321) 832-1489
Administered by Public Risk Underwriters

PREFERRED GOVERNMENTAL INSURANCE TRUST - CLAIMS DEDUCTIBLE BILLING AS OF 08/31/2013

133 Gulf County Board Of County Commissioners POLICY PK FL1 0231023 12-03 Fund Yr Ending: 09/30/2013

LOSS DATE: 04/25/2013 REPORT DATE: 04/25/2013 Complaint:

POL	Carrier File Num if applicable:	Summit GO-09	Legal/Exp PTD	DEDPTD	LOSSPTD	TOTPTD	RESERVES	TOTCTD	TOT INCURRED
EVENT#	EV2013218424								
CLAIMANT	Garth, James	\$15,125.58	\$0.00	\$0.00	\$0.00	\$15,125.58	\$39,874.42	\$0.00	\$55,000.00
CLAIM#	226264	PUBAO							
CLOSE DATE:									
SUMMARY OF CLAIM:		\$15,125.58	\$0.00	\$0.00	\$0.00	\$15,125.58	\$39,874.42	\$0.00	\$55,000.00
DEDUCTIBLE	\$10,000	DEDUCTIBLE COLLECTED TO DATE:	\$0.00	Billable			DEDUCTIBLE BALANCE DUE:	\$10,000.00	
SUMMARY OF DEDUCTIBLE DUE by POLICY YEAR FOR GULF BOCC									
								\$10,000.00	

NOTES: The deductible balance due from the insured is the lesser of the Deductible or (the Deductible Paid to Date (DEDPTD) plus the Loss Paid to date (TOTPTD) less any Deductible collected to date (DEDCTD). Total Paid to date (TOTPTD) includes Expenses, which are generally not chargeable to the Insured.