

SEMINOLE COUNTY GOVERNMENT AGENDA MEMORANDUM

SUBJECT: Certificate of Public Convenience and Necessity

DEPARTMENT: Environmental Services DIVISION: Solid Waste Management

AUTHORIZED BY: *[Signature]* CONTACT: *[Signature]* EXT. 2022
John Cirella, PhD., P.E., Director David Gregory, Manager

Agenda Date <u>12-12-06</u> Regular <input type="checkbox"/> Consent <input checked="" type="checkbox"/> Work Session <input type="checkbox"/> Briefing <input type="checkbox"/> Public Hearing – 1:30 <input type="checkbox"/> Public Hearing – 7:00 <input type="checkbox"/>
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MOTION/RECOMMENDATION:

Approve and authorize Chairman to execute Certificate of Public Convenience and Necessity for the following companies.

1. 4 Jays – Management, Inc.
2. Coniglio Construction, Inc.
3. Full Pull, Inc.
4. Orlando Waste Paper Company, Inc.

BACKGROUND:

Chapter 235 of the Seminole County Code authorizes the Board to regulate the collection and disposal of waste in the unincorporated county. The above companies have complied with the requirements as set forth in the Seminole County Code and have requested a Certificate of Public Convenience and Necessity (COPCN) from Seminole County to perform commercial collection services of waste in the unincorporated areas of Seminole County.

These firms have provided applications that indicate that they only provide Construction and Demolition (C&D) Debris collection services, Special Waste collection services, or Recyclables collection services. Staff has verified this information through follow up investigation. These firms have provided insurance information that complies with the recent amendments to Chapter 235 of the Seminole County Code.

Firms that collect only C&D Debris, Special Wastes, or Recyclables are not required to obtain a non-exclusive commercial solid waste collection franchise. These firms are required to obtain COPCNs.

Reviewed by: <u>11-22-06</u>
Co Atty: <u><i>[Signature]</i></u>
DFS: <u>N/A</u>
Other: <u>N/A</u>
DCM: <u><i>[Signature]</i></u>
CM: <u><i>[Signature]</i></u>
File No. <u>CESS01</u>

ENVIRONMENTAL SERVICES DEPARTMENT
SOLID WASTE MANAGEMENT DIVISION



LET IT BE KNOWN, the holder of this Certificate of Public Convenience and Necessity ("the Holder") has read and agreed to comply with the requirements and standards of service set forth in Seminole County Code Chapter 235, and all other local, state and federal regulations that apply to the proper collection and disposal of waste. The Holder has acknowledged that failure to comply with any or all of the standards or requirements set forth in Seminole County Code Chapter 235 will result in termination of this Certificate of Public Convenience and Necessity.

Company Name: Orlando Waste Paper Company, Inc.

Street Address: 2715 Staten Road

City, State & Zip: Orlando, Florida 32804

Type of Operation: Recyclable Materials

This Certificate of Public Convenience and Necessity is valid from October 1, 2006 through September 30, 2007, and is applicable to Commercial Collection Service in the unincorporated County only.

ATTEST:

Board of County Commissioners
Seminole County, Florida

Maryanne Morse

Clerk to the Board of
County Commissioners of
Seminole County, Florida

By: Carlton D. Henley, BCC Chairman

Date: _____

As authorized for execution by the Board of County Commissioners at their _____, 20 __, regular meeting.

ENVIRONMENTAL SERVICES DEPARTMENT
SOLID WASTE MANAGEMENT DIVISION



LET IT BE KNOWN, the holder of this Certificate of Public Convenience and Necessity ("the Holder") has read and agreed to comply with the requirements and standards of service set forth in Seminole County Code Chapter 235, and all other local, state and federal regulations that apply to the proper collection and disposal of waste. The Holder has acknowledged that failure to comply with any or all of the standards or requirements set forth in Seminole County Code Chapter 235 will result in termination of this Certificate of Public Convenience and Necessity.

Company Name: Full Pull, Inc.

Street Address: 2235 Mercator Drive

City, State & Zip: Orlando, Florida 32807

Type of Operation: Construction & Demolition Debris

This Certificate of Public Convenience and Necessity is valid from October 1, 2006 through September 30, 2007, and is applicable to Commercial Collection Service in the unincorporated County only.

ATTEST:

Board of County Commissioners
Seminole County, Florida

Maryanne Morse

Clerk to the Board of
County Commissioners of
Seminole County, Florida

By: Carlton D. Henley, BCC Chairman

Date: _____

As authorized for execution by the Board of County Commissioners at their _____, 20 __, regular meeting.

ENVIRONMENTAL SERVICES DEPARTMENT
SOLID WASTE MANAGEMENT DIVISION



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Company Name: 4 Jays – Management, Inc.

Street Address: 425 State Road 415

City, State & Zip: New Smyrna Beach, Florida 32168

Type of Operation: Construction & Demolition Debris, and Special Waste

This Certificate of Public Convenience and Necessity is valid from October 1, 2006 through September 30, 2007, and is applicable to Commercial Collection Service in the unincorporated County only.

ATTEST:

Board of County Commissioners
Seminole County, Florida

Maryanne Morse

Clerk to the Board of
County Commissioners of
Seminole County, Florida

By: Carlton D. Henley, BCC Chairman

Date: _____

As authorized for execution by the Board of County Commissioners at their _____, 20 __, regular meeting.

ENVIRONMENTAL SERVICES DEPARTMENT
SOLID WASTE MANAGEMENT DIVISION



LET IT BE KNOWN, the holder of this Certificate of Public Convenience and Necessity ("the Holder") has read and agreed to comply with the requirements and standards of service set forth in Seminole County Code Chapter 235, and all other local, state and federal regulations that apply to the proper collection and disposal of waste. The Holder has acknowledged that failure to comply with any or all of the standards or requirements set forth in Seminole County Code Chapter 235 will result in termination of this Certificate of Public Convenience and Necessity.

Company Name: Coniglio Construction, Inc.

Street Address: 1136 Settlers Loop

City, State & Zip: Geneva, Florida 32732

Type of Operation: Construction & Demolition Debris

This Certificate of Public Convenience and Necessity is valid from October 1, 2006 through September 30, 2007, and is applicable to Commercial Collection Service in the unincorporated County only.

ATTEST:

Board of County Commissioners
Seminole County, Florida

Maryanne Morse

Clerk to the Board of
County Commissioners of
Seminole County, Florida

By: Carlton D. Henley, BCC Chairman

Date: _____

As authorized for execution by the Board of County
Commissioners at their _____, 20 ____,
regular meeting.

Seminole County
Certificate of Public Convenience and Necessity
COMPANY INFORMATION

Seminole County Code, Section 235.51 requires firms that collect waste, operate a landfill, disposal facility, recycling facility, or incinerator to possess a COPCN issued by the Board of County Commissioners. The COPCN is **valid from October 1, 2006 through September 30, 2007.**

Please complete all application items enclosed and return with a check to cover the \$100.00 application fee and \$20.00 for each vehicle identified on the Vehicle Identification List form included. Make checks payable to Seminole County BCC-COPCN and mail to Carol Norwood, Solid Waste Management Division, 1950 State Road 419, Longwood, Florida 32750. Firms not meeting these requirements will no longer be authorized to work in Seminole County. If you have any questions, please contact Carol Norwood at 407-665-2257.

Date: October 12, 2006

Company Name: N JAYS - MANAGEMENT, INC.
(Ensure corporate name matches name filed with Florida Department of State, Division of Corporations)

Site Street Address: 425 State Road 415

City: New Smyrna Beach State: FL Zip: 32168

Mailing Address: P.O. Box 390395

City: Deltona State: FL Zip: 32739

Contact Person: Jennifer Jung Phone: 386-860-4355

Email Address: FJL4444@BELLSOUTH.NET

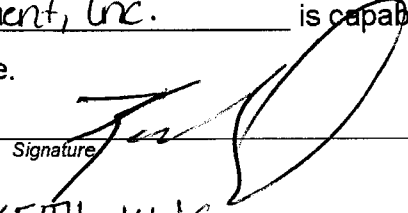
Owner/Stockholders/5% or more: KEITH JUNG, GIEN JUNG

List Prior Companies & Forms of Business: _____

Person responsible for quarterly reports: _____	Phone: <u>386-860-4355</u>
Email Address: <u>FJL4444@BELLSOUTH.NET</u>	

Statement of Capability and Financial Responsibility

I certify that 4 Jays - Management, Inc. is capable of performing the service(s) applied for and is Financially Responsible.


Signature
KEITH JUNG
Print Name above

OCTOBER 12, 2006
Date

Complete

Seminole County
Certificate of Public Convenience and Necessity

TYPE OF OPERATION

Does your company collect waste in unincorporated Seminole County?
If yes, please complete information below.

COLLECTION SERVICES:

Materials Collected

SOLID WASTE:

- Furniture _____
- Garbage _____
- Rubbish _____
- Sludge _____

CONSTRUCTION & DEMOLITION DEBRIS:

- Concrete, brick and fines _____
- Wood _____
- Land Clearing Debris _____
- Asphalt _____
- Drywall _____
- Roofing Shingles _____

RECYCLABLE MATERIALS:

- Newspaper _____
- Glass _____
- Aluminum Cans _____
- Plastic Bottles _____
- Steel Cans _____
- Other Plastics _____
- Ferrous Metals _____
- Non-Ferrous Metals _____
- Corrugated Cardboard _____
- Office Paper _____
- Food Waste _____
- Textiles _____
- Other (specify) _____

SPECIAL WASTE

- Yard Trash _____
- White Goods _____
- Tires _____
- Other (specify) _____

HAZARDOUS WASTE:

- Biological Waste _____
- Biohazardous Waste _____
- Other (specify) _____

Does your company operate a waste management facility in unincorporated Seminole County?
If yes, please complete information below.

FACILITY:

Address: N/A
City _____ Zip _____

- Equipment Parking and / or _____
- Maintenance Yard Only. _____

RECYCLING FACILITY:

- C&D Processing _____
- Materials Recovery _____
- Yard Waste/Tree Debris _____
- Disposal Facility, Specify _____

!

Materials handled at facility (list all)

_____	_____
_____	_____
_____	_____
_____	_____

Tons handled annually (per material, if applicable)

Item	Tons per year
_____	_____
_____	_____
_____	_____

Where do you deliver materials for disposal and / or processing?

NOTE:

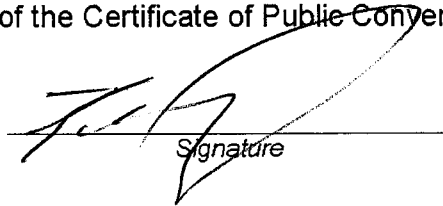
* Include Copies Of All Pertinent
Regulatory Agency Operation Permits.
Attach additional pages as needed.

Seminole County
Certificate of Public Convenience and Necessity
COMPLIANCE AGREEMENT

NAME OF COMPANY: 4 JAYS - MANAGEMENT, INC.

I/We have received and read Chapter 235 of the Seminole County Code. I/We fully understand that I/We must abide by and incorporate the requirements and standards of service set forth in this chapter in each agreement to provide service in Seminole County. I/We understand that failure to comply with any or all of the standards or requirements set forth in Chapter 235 of the Seminole County Code will result in termination of the Certificate of Public Convenience and Necessity.

Owner:


Signature

Date: October 12, 2006

Print Name

KEITH JUNG

Date: October 12, 2006

Notary


Signature

Date: October 12, 2006

Print Name

Terrie Brown

Date: October 12, 2006



TERRIE BROWN
MY COMMISSION # DD 520585
EXPIRES: February 21, 2010
Bonded Thru Budget Notary Services

Seminole County
 Certificate of Public Convenience and Necessity
 VEHICLE IDENTIFICATION LIST

Please complete this form and include payment to cover the \$20.00 per vehicle fee.

Seminole County will issue a decal for each vehicle listed below.

- The decal will be issued upon COPCN approval and is to be displayed on the driver's side of the vehicle.

Company Name: H JAYS - MANAGEMENT, INC.

YEAR	MAKE	MODEL	TYPE (roll-off, etc.)	TAG NUMBER	FLEET ID NUMBER	DECAL NUMBER For County Use Only
2002	KENWORTH	T800	Roll-off	N5870J	R0-30	
2003	MACK	CV713	Roll-off	N5077H	R0-32	

Total number of vehicles: 2
 X 20.00 per vehicle 20.00
 Sum: 40.00

Make copies as necessary

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID S.J. 4JAYS-1 DATE (MM/DD/YYYY) 11/01/06

PRODUCER SIHLE INSURANCE GROUP, INC. P. O. BOX 160398 ALTAMONTE SPRINGS FL 32716 Phone: 407-869-0962 Fax: 407-774-0936		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED 4 Jays-Management, Inc. P. O. Box 390395 Deltona FL 32739-0395		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Westfield Companies	24112
		INSURER B: Fireman's Fund Insurance Co.	21873
		INSURER C: Bridgefield Employers Ins. Co.	10701
		INSURER D:	
		INSURER E:	

Good PA 11/3/06

COVERAGES

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

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CMM1972032	01/20/06	01/20/07	EACH OCCURRENCE	\$ 1000000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
						MED EXP (Any one person)	\$ 5000
						PERSONAL & ADV INJURY	\$ 1000000
						GENERAL AGGREGATE	\$ 2000000
						PRODUCTS - COMP/OP AGG	\$ 2000000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CMM1972032 \$10,000 PIP INCLUDED	01/20/06	01/20/07	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	83035032	08/30/06	08/30/07	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$ 500000
						E.L. DISEASE - EA EMPLOYEE	\$ 500000
						E.L. DISEASE - POLICY LIMIT	\$ 500000
B		OTHER RENTED OR LEASED EQUIPMENT COVERAGE	MZI97506840	01/20/06	01/20/07		225000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Seminole County its official, officers and employees shall be named additional insured. This is being provided in accordance with Chapter 235 Seminole County Code and the insurance is in full compliance with the requirements of Chapter 235 Seminole County Code
 *10 Day notice for non payment

CERTIFICATE HOLDER SEMINOLE COUNTY ENVIRONMENTAL SERVICES SOLID WASTE MANAGEMENT DIV 1950 STATE ROAD 419 LONGWOOD FL 32750	SEMICO1	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Charles R. [Signature]</i>
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

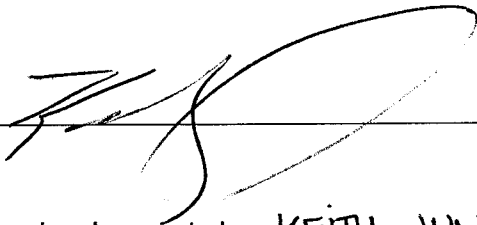
Seminole County
Certificate of Public Convenience and Necessity
AFFIDAVIT OF CORPORATE IDENTITY / AUTHORITY

STATE OF FLORIDA
COUNTY OF VOLUSIA

COMES NOW, KEITH JUNG, being first duly sworn, who deposes and says:

- (1) That he/she is the VICE PRESIDENT, an officer of H JAYS- Management, corporation existing under the laws of the State of FL;
- (2) That he/she is authorized to execute the Certificate Of Public Convenience And Necessity Application on behalf of the above named corporation; and
- (3) That this Affidavit is made to induce Seminole County to issue a Certificate of Public Convenience and Necessity for solid waste commercial collection services to the above-named corporation.

FURTHER AFFIANT SAYETH NAUGHT


_____, Affiant

The following Affidavit was signed, acknowledged and sworn to by KEITH JUNG

_____ before me this 12th day of October, 2006

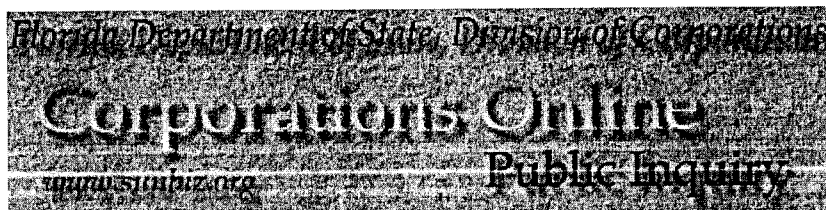


Notary Public, State of Florida

My commission expires: 02/21/2010



TERRIE BROWN
MY COMMISSION # DD 520585
EXPIRES: February 21, 2010
Bonded Thru Budget Notary Services



Florida Profit

4 JAYS - MANAGEMENT, INC.

PRINCIPAL ADDRESS

1382 HOWLAND BLVD.
SUITE 120
DELTONA FL 32738
Changed 03/31/2004

MAILING ADDRESS

PO BOX 309395
DELTONA FL 32739
Changed 03/27/2002

Document Number P00000117759	FEI Number 593707204	Date Filed 12/28/2000
State FL	Status ACTIVE	Effective Date NONE
Last Event NAME CHANGE AMENDMENT	Event Date Filed 12/29/2003	Event Effective Date NONE

Registered Agent

Name & Address
JUNG, GLEN 400 ENTERPRISE-OSTEEN RD OSTEEN FL 32764
Address Changed: 03/27/2002

Officer/Director Detail

Name & Address	Title
JUNG, GLEN PO BOX 390395 DELTONA FL 32739 US	P/D
JUNG, KEITH PO BOX 390395 DELTONA FL 32739 US	VP/D
JUNG, JENNIFER P.O. BOX 390395	S

DELTONA FL 32739 US	
JUNG, LAURA P.O. BOX 390395	T
DELTONA FL 32739 US	

Annual Reports

Report Year	Filed Date
2004	03/31/2004
2005	03/26/2005
2006	04/05/2006

[Previous Filing](#)

[Return to List](#)

[Next Filing](#)

[View Events](#)

[View Name History](#)

Document Images

Listed below are the images available for this filing.

[04/05/2006 -- ANNUAL REPORT](#)
[03/26/2005 -- ANNUAL REPORT](#)
[03/31/2004 -- ANNUAL REPORT](#)
[12/29/2003 -- Name Change](#)
[03/19/2003 -- ANNUAL REPORT](#)
[03/27/2002 -- COR - ANN REP/UNIFORM BUS REP](#)
[04/28/2001 -- ANN REP/UNIFORM BUS REP](#)
[12/28/2000 -- Domestic Profit](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)

[Corporations Help](#)

Seminole County
Certificate of Public Convenience and Necessity
COMPANY INFORMATION

Seminole County Code, Section 235.51 requires firms that collect waste, operate a landfill, disposal facility, recycling facility, or incinerator to possess a COPCN issued by the Board of County Commissioners. The COPCN is **valid from October 1, 2006 through September 30, 2007.**

Please complete all application items enclosed and return with a check to cover the \$100.00 application fee and \$20.00 for each vehicle identified on the Vehicle Identification List form included. Make checks payable to Seminole County BCC-COPCN and mail to Carol Norwood, Solid Waste Management Division, 1950 State Road 419, Longwood, Florida 32750. Firms not meeting these requirements will no longer be authorized to work in Seminole County. If you have any questions, please contact Carol Norwood at 407-665-2257.

Date: 10/10/06

Company Name: Coniglio Construction, Inc.
(Ensure corporate name matches name filed with Florida Department of State, Division of Corporations)

Site Street Address: 1136 Settlers Loop
City: Geneva State: FL Zip: 32732

Mailing Address: 1136 Settler Loop
City: Geneva State: FL Zip: 32732

Contact Person: Doug Coniglio Phone: 407-349-5095

Email Address: coniglioconst@bellsouth.net


Owner/Stockholders/5% or more: Doug Coniglio

List Prior Companies & Forms of Business: _____

Person responsible for quarterly reports: <u>Carol Lightner</u> Phone: <u>407-349-5095</u>
Email Address: <u>coniglioconst@bellsouth.net</u>

Statement of Capability and Financial Responsibility

I certify that Douglas Coniglio is capable of performing the service(s) applied for and is Financially Responsible.


Signature

10/10/06
Date

Douglas Coniglio
Print Name above

Complete

Seminole County
 Certificate of Public Convenience and Necessity
TYPE OF OPERATION

Does your company collect waste in unincorporated Seminole County?
 If yes, please complete information below.

COLLECTION SERVICES:

Materials Collected

SOLID WASTE:

- Furniture _____
- Garbage _____
- Rubbish _____
- Sludge _____

CONSTRUCTION & DEMOLITION DEBRIS:

- Concrete, brick and fines
- Wood
- Land Clearing Debris
- Asphalt _____
- Drywall
- Roofing Shingles

RECYCLABLE MATERIALS:

- Newspaper _____
- Glass _____
- Aluminum Cans _____
- Plastic Bottles _____
- Steel Cans _____
- Other Plastics _____
- Ferrous Metals _____
- Non-Ferrous Metals _____
- Corrugated Cardboard _____
- Office Paper _____
- Food Waste _____
- Textiles _____
- Other (specify) _____

SPECIAL WASTE

- Yard Trash _____
- White Goods _____
- Tires _____
- Other (specify) _____

HAZARDOUS WASTE:

- Biological Waste _____
- Biohazardous Waste _____
- Other (specify) _____

Does your company operate a waste management facility in unincorporated Seminole County? **NO**
 If yes, please complete information below.

FACILITY:

Address: _____
 City _____ Zip _____

- Equipment Parking and / or _____
- Maintenance Yard Only. _____

RECYCLING FACILITY:

- C&D Processing _____
- Materials Recovery _____
- Yard Waste/Tree Debris _____
- Disposal Facility, Specify _____

Materials handled at facility (list all)

_____	_____
_____	_____
_____	_____
_____	_____

Tons handled annually (per material, if applicable)

Item	Tons per year
_____	_____
_____	_____
_____	_____

Where do you deliver materials for disposal and / or processing?

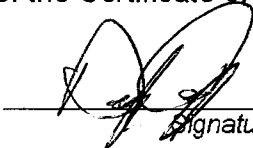
NOTE:

* Include Copies Of All Pertinent Regulatory Agency Operation Permits. Attach additional pages as needed.

Seminole County
Certificate of Public Convenience and Necessity
COMPLIANCE AGREEMENT


NAME OF COMPANY: Coniglio Construction, Inc.

I/We have received and read Chapter 235 of the Seminole County Code. I/We fully understand that I/We must abide by and incorporate the requirements and standards of service set forth in this chapter in each agreement to provide service in Seminole County. I/We understand that failure to comply with any or all of the standards or requirements set forth in Chapter 235 of the Seminole County Code will result in termination of the Certificate of Public Convenience and Necessity.

Owner:  Date: 10/10/06
Signature

Print Name Douglas Coniglio Date: 10/10/06



 Date: 10/10/06
Signature

Print Name Jessica Roberts Date: 10/10/06

Seminole County
 Certificate of Public Convenience and Necessity
 VEHICLE IDENTIFICATION LIST

Please complete this form and include payment to cover the \$20.00 per vehicle fee.

Seminole County will issue a decal for each vehicle listed below.

- The decal will be issued upon COPCN approval and is to be displayed on the driver's side of the vehicle.

Company Name: Coniglio Construction

YEAR	MAKE	MODEL	TYPE (roll-off, etc.)	TAG NUMBER	FLEET ID NUMBER	DECAL NUMBER For County Use Only
2000	MACK	RD688S	Roll-Off	N7542D	749	
2005	Peterbuilt	357	Roll-Off	N4397H	751	

Total number of vehicles: 2
 X 20.00 per vehicle 20.00
 Sum: 40.00

Make copies as necessary

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/27/2006

PRODUCER (407)788-3000 FAX (407)788-7933
Insurance Office of America, Inc.
150 N. Westmonte Drive
P.O. Box 162207
Altamonte Springs, FL 32716-2207

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED Coniglio Construction, Inc.
1136 Settlers Loop
Geneva, FL 32732


INSURER A: Mid-Continent Casualty Co. A10
INSURER B: Bridgefield Employers Ins. Co.
INSURER C: Chubb Group/Federal Insurance Co.
INSURER D:
INSURER E:

COVERAGES

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	04-GL-000653948	11/21/2006	11/21/2007	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket Waiver GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
							\$
							\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	830-32696	08/10/2006	08/10/2007	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$ 500,000
						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
C		OTHER Scheduled Equipment	663-36-35	10/07/2006	10/07/2007	Schedule Equipment Coverage Rented/Leased Equipmet \$250K	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Seminole County, its official, officers and employees shall be additional insureds.
 This is being provided in accordance with Chapter 235 Seminole County Code and the insurance is in full compliance with the requirements of Chapter 235 Seminole County Code.
 *10 Days Notice for Non-Payment of Premium

CERTIFICATE HOLDER	CANCELLATION
Seminole County SWMD Attn: Carol Norwood 1950 State Road 419 Longwood, FL 32765	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Richard Dalrymple/TRICIA 

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Seminole County
Certificate of Public Convenience and Necessity
AFFIDAVIT OF CORPORATE IDENTITY / AUTHORITY

STATE OF Florida
COUNTY OF Seminole

COMES NOW, Douglas Coniglio, being first duly sworn, who deposes and says:

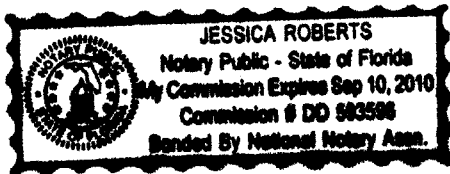
- (1) That he/she is the President, an officer of Coniglio Constructio corporation existing under the laws of the State of FL;
- (2) That he/she is authorized to execute the Certificate Of Public Convenience And Necessity Application on behalf of the above named corporation; and
- (3) That this Affidavit is made to induce Seminole County to issue a Certificate of Public Convenience and Necessity for solid waste commercial collection services to the above-named corporation.


FURTHER AFFIANT SAYETH NAUGHT

 _____, Affiant

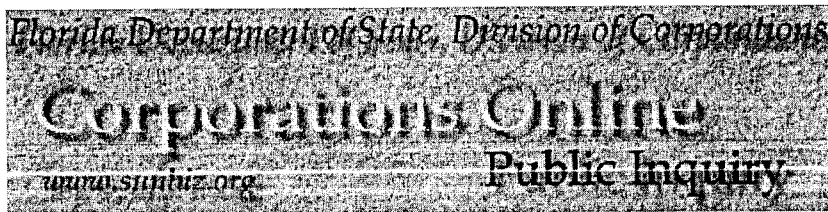
The following Affidavit was signed, acknowledged and sworn to by Douglas Coniglio

_____ before me this 10 day of October, 2006





Notary Public, State of Florida
My commission expires: 9/10/2010



Florida Profit

CONIGLIO CONSTRUCTION, INC.

PRINCIPAL ADDRESS

1136 SETTLERS LOOP
 GENEVA FL 32732
 Changed 01/17/2006

MAILING ADDRESS

1136 SETTLERS LOOP
 GENEVA FL 32732
 Changed 01/17/2006

Document Number
 P97000078893

FEI Number
 593468111

Date Filed
 09/11/1997

State
 FL

Status
 ACTIVE

Effective Date
 NONE

Registered Agent

Name & Address
CONIGLIO, DOUGLAS W 1136 SETTLERS LOOP GENEVA FL 32732
Address Changed: 01/17/2006

Officer/Director Detail

Name & Address	Title
CONIGLIO, DOUGLAS 1136 SETTLERS LOOP GENEVA FL 32732	P
CONIGLIO, LAURA M 1136 SETTLERS LOOP GENEVA FL 32732 US	VP

Annual Reports

Report Year	Filed Date
-------------	------------

2004	01/14/2004
2005	01/07/2005
2006	01/17/2006

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No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

[01/17/2006 -- ANNUAL REPORT](#)
[01/07/2005 -- ANNUAL REPORT](#)
[01/14/2004 -- ANNUAL REPORT](#)
[07/23/2003 -- ANNUAL REPORT](#)
[04/22/2002 -- ANNUAL REPORT](#)
[04/03/2001 -- Annual Report](#)
[05/03/2000 -- ANN REP/UNIFORM BUS REP](#)
[03/03/1999 -- ANNUAL REPORT](#)
[02/03/1998 -- ANNUAL REPORT](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)[Corporations Help](#)

Seminole County
Certificate of Public Convenience and Necessity
COMPANY INFORMATION

Seminole County Code, Section 235.51 requires firms that collect waste, operate a landfill, disposal facility, recycling facility, or incinerator to possess a COPCN issued by the Board of County Commissioners. The COPCN is **valid from October 1, 2006 through September 30, 2007.**

Please complete all application items enclosed and return with a check to cover the \$100.00 application fee and \$20.00 for each vehicle identified on the Vehicle Identification List form included. Make checks payable to Seminole County BCC-COPCN and mail to Carol Norwood, Solid Waste Management Division, 1950 State Road 419, Longwood, Florida 32750. Firms not meeting these requirements will no longer be authorized to work in Seminole County. If you have any questions, please contact Carol Norwood at 407-665-2257.

Date: 10/2/06

Company Name: Full Pull, Inc.
(Ensure corporate name matches name filed with Florida Department of State, Division of Corporations)

Site Street Address: 2235 Mercator Drive

City: Orlando State: FL Zip: 32807

Mailing Address: 2235 Mercator Drive

City: Orlando State: FL Zip: 32807

Contact Person: Kyle Knapp Phone: 321-239-9544

Email Address: kknapp@fullpull-inc.com

Owner/Stockholders/5% or more: Richard L. Haines - 100%

List Prior Companies & Forms of Business: _____

Person responsible for quarterly reports: <u>Cynthia Papania</u> Phone: <u>407-384-1908</u>
Email Address: <u>cpapania@rlhaines.com</u>

Statement of Capability and Financial Responsibility

I certify that Full Pull, Inc. is capable of performing the service(s) applied for and is Financially Responsible.

[Signature]
Signature

10/2/06
Date

Richard Haines
Print Name above

Complete ✓

Seminole County
 Certificate of Public Convenience and Necessity
TYPE OF OPERATION

Does your company collect waste in unincorporated Seminole County?
 If yes, please complete information below.

COLLECTION SERVICES:

Materials Collected

SOLID WASTE:

- Furniture _____
- Garbage _____
- Rubbish _____
- Sludge _____

CONSTRUCTION & DEMOLITION DEBRIS:

- Concrete, brick and fines
- Wood
- Land Clearing Debris
- Asphalt
- Drywall
- Roofing Shingles

RECYCLABLE MATERIALS:

if needed: ↘

- Newspaper _____
- Glass _____
- Aluminum Cans _____
- Plastic Bottles _____
- Steel Cans _____
- Other Plastics _____
- Ferrous Metals _____
- Non-Ferrous Metals _____
- Corrugated Cardboard _____
- Office Paper _____
- Food Waste _____
- Textiles _____
- Other (specify) _____

SPECIAL WASTE

- Yard Trash _____
- White Goods _____
- Tires _____
- Other (specify) _____

HAZARDOUS WASTE:

- Biological Waste _____
- Biohazardous Waste _____
- Other (specify) _____

Does your company operate a waste management facility in unincorporated Seminole County?
 If yes, please complete information below.

FACILITY:

Address: _____
 City _____ Zip _____

- Equipment Parking and / or _____
- Maintenance Yard Only. _____

RECYCLING FACILITY:

- C&D Processing _____
- Materials Recovery _____
- Yard Waste/Tree Debris _____
- Disposal Facility, Specify _____

!

Materials handled at facility (list all)

_____	_____
_____	_____
_____	_____
_____	_____

Tons handled annually (per material, if applicable)

<i>Item</i>	<i>Tons per year</i>
_____	_____
_____	_____
_____	_____

Where do you deliver materials for disposal and / or processing?

NOTE:

* Include Copies Of All Pertinent Regulatory Agency Operation Permits. Attach additional pages as needed.


Seminole County
Certificate of Public Convenience and Necessity
COMPLIANCE AGREEMENT

NAME OF COMPANY: Full Pull, Inc.

I/We have received and read Chapter 235 of the Seminole County Code. I/We fully understand that I/We must abide by and incorporate the requirements and standards of service set forth in this chapter in each agreement to provide service in Seminole County. I/We understand that failure to comply with any or all of the standards or requirements set forth in Chapter 235 of the Seminole County Code will result in termination of the Certificate of Public Convenience and Necessity.

Owner:  Date: 10/2/06
Signature

Print Name RICHARD HAINES Date: 10/2/06

Notary  Date: 10/3/06
Signature

Print Name KATHLEEN ANN CASEY Date: 10/13/06



Seminole County
 Certificate of Public Convenience and Necessity
 VEHICLE IDENTIFICATION LIST

Please complete this form and include payment to cover the \$20.00 per vehicle fee.

Seminole County will issue a decal for each vehicle listed below.

- The decal will be issued upon COPCN approval and is to be displayed on the driver's side of the vehicle.

Company Name: Full Roll, Inc.

YEAR	MAKE	MODEL	TYPE (roll-off, etc.)	TAG NUMBER	FLEET ID NUMBER	DECAL NUMBER For County Use Only
2005	Sterling	TR	Roll-off	N78271	151	
2006	Sterling	TR	Roll-off	N459165	162	
2007	Sterling	LTR600	Roll-off		164	

Total number of vehicles: 3
 X 20.00 per vehicle 20.00
 Sum: \$60.00

Make copies as necessary

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID VR
FULLP-1

DATE (MM/DD/YYYY)
11/03/06

PRODUCER
Brown & Brown of Florida, Inc.
 Building 100, Suite 100
 10151 Deerwood Park Blvd
 Jacksonville FL 32256
 Phone: 904-565-1952 Fax: 904-565-2440

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: **Auto Owners Insurance**

18988

INSURER B: **Nautilus Ins Co**

INSURER C:

INSURER D:

INSURER E:

INSURED
 Full Pull, Inc.
 2235 Mercator Drive
 Orlando FL 32807

Good 11/3/06 (RM)

COVERAGES

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

INSR ADD LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	NC591074	09/26/06	09/26/07	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> FL Basic PIP	4452319400	08/12/06	08/12/07	COMBINED SINGLE LIMIT (33 accident) \$ 1,000,000 FODILY INJURY (Per person) \$ FODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ (OTHER THAN EA ACC) \$ AUTO ONLY - AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Seminole County is included as additional insured. Certificate is issued in accordance with Chapter 235 Seminole County Code.

CERTIFICATE HOLDER

CANCELLATION

SEMIN-2

Seminole County
 Environmental Services Dept.
 1950 State Road 419
 Longwood FL 32750-3769

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER (NAMED TO THE LEFT), BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID VP
RLHAI-1

DATE (MM/DD/YYYY)
10/20/06

PRODUCER
Brown & Brown of Florida, Inc.
Building 100, Suite 100
10151 Deerwood Park Blvd
Jacksonville FL 32256
Phone: 904-565-1952 Fax: 904-565-2440

INSURED
R. L. Haines Construction, Inc
Full Pull, Inc.
2235 Mercator Drive
Orlando FL 32807

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Bridgefield Employers Ins. Co.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		OCT 24 2006		COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	083030396	10/22/06	10/22/07	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500000 E.L. DISEASE - EA EMPLOYEE \$ 500000 E.L. DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

SEMIN-2

Seminole County
Environmental Services Dept.
1950 State Road 419
Longwood FL 32750-3769

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE




Seminole County
Certificate of Public Convenience and Necessity
AFFIDAVIT OF CORPORATE IDENTITY / AUTHORITY

STATE OF Florida
COUNTY OF Seminole

COMES NOW, Richard L. Haines, being first duly sworn, who deposes and says:

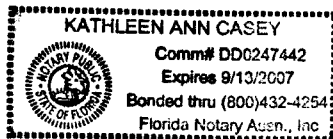
- (1) That he/she is the President / CEO, an officer of Full Pull, Inc. corporation existing under the laws of the State of FL;
- (2) That he/she is authorized to execute the Certificate Of Public Convenience And Necessity Application on behalf of the above named corporation; and
- (3) That this Affidavit is made to induce Seminole County to issue a Certificate of Public Convenience and Necessity for solid waste commercial collection services to the above-named corporation.

FURTHER AFFIANT SAYETH NAUGHT

Richard L. Haines, Affiant


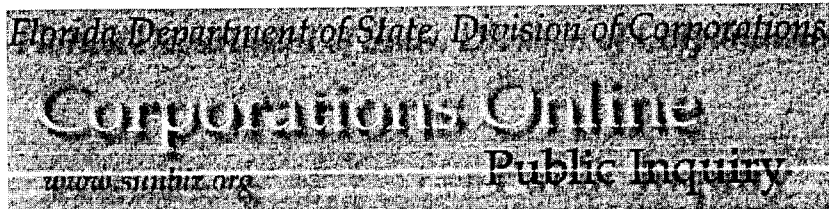
The following Affidavit was signed, acknowledged and sworn to by RICHARD L. HAINES

before me this 3 day of OCTOBER, 2006



Kathleen Ann Casey
Notary Public, State of Florida

My commission expires: 13 Sept. 07



Florida Profit

FULL PULL, INC.

PRINCIPAL ADDRESS

2235 MERCATOR DRIVE
 ORLANDO FL 32807
 Changed 08/31/2005

MAILING ADDRESS

2235 MERCATOR DRIVE
 ORLANDO FL 32807
 Changed 08/31/2005

Document Number
 P05000111246

FEI Number
 203341471

Date Filed
 08/10/2005

State
 FL

Status
 ACTIVE

Effective Date
 NONE

Last Event
 AMENDMENT

Event Date Filed
 08/31/2005

Event Effective Date
 NONE

Registered Agent

Name & Address
HAINES, RICHARD L 2235 MERCATOR DRIVE ORLANDO FL 32807
Name Changed: 04/21/2006
Address Changed: 04/21/2006

Officer/Director Detail

Name & Address	Title
HAINES, RICHARD L 2235 MERCATOR DRIVE ORLANDO FL 32807	PRES

Annual Reports

Report Year	Filed Date
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2006	04/21/2006
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No Name History Information

Document Images

Listed below are the images available for this filing.

04/21/2006 -- ANNUAL REPORT
08/31/2005 -- Amendment
08/10/2005 -- Domestic Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)

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Seminole County
Certificate of Public Convenience and Necessity
COMPANY INFORMATION

Seminole County Code, Section 235.51 requires firms that collect waste, operate a landfill, disposal facility, recycling facility, or incinerator to possess a COPCN issued by the Board of County Commissioners. The COPCN is **valid from October 1, 2006 through September 30, 2007.**

Please complete all application items enclosed and return with a check to cover the \$100.00 application fee and \$20.00 for each vehicle identified on the Vehicle Identification List form included. Make checks payable to Seminole County BCC-COPCN and mail to Carol Norwood, Solid Waste Management Division, 1950 State Road 419, Longwood, Florida 32750. Firms not meeting these requirements will no longer be authorized to work in Seminole County. If you have any questions, please contact Carol Norwood at 407-665-2257.

Date: 10/3/06

Company Name: Orlando Waste Paper Company, Inc.
(Ensure corporate name matches name filed with Florida Department of State, Division of Corporations)

Site Street Address: 2715 Staten Road

City: Orlando State: FL Zip: 32804

Mailing Address: 2715 Staten Road

City: Orlando State: FL Zip: 32804

Contact Person: (Ms) Jerry Parrish Phone: 407-299-1380

Email Address: Jerry P @ orlandowastepaper.com

Owner/Stockholders/5% or more: Jerry L. Vestal, Owner/President

List Prior Companies & Forms of Business: _____

Person responsible for quarterly reports: <u>(Ms.) Jerry Parrish</u> Phone: <u>407-299-1380</u>
Email Address: <u>JerryP@orlandowastepaper.com</u>

Statement of Capability and Financial Responsibility

I certify that Orlando Waste Paper Co., Inc. is capable of performing the service(s) applied for and is Financially Responsible.

Jerry Parrish
Signature
JERRY PARRISH
Print Name above

10/3/06
Date

Seminole County
 Certificate of Public Convenience and Necessity
TYPE OF OPERATION

Does your company collect waste in unincorporated Seminole County?
 If yes, please complete information below.

COLLECTION SERVICES:

Materials Collected

SOLID WASTE:

- Furniture _____
- Garbage _____
- Rubbish _____
- Sludge _____

CONSTRUCTION & DEMOLITION DEBRIS:

- Concrete, brick and fines _____
- Wood _____
- Land Clearing Debris _____
- Asphalt _____
- Drywall _____
- Roofing Shingles _____

RECYCLABLE MATERIALS:

- Newspaper
- Glass
- Aluminum Cans
- Plastic Bottles
- Steel Cans
- Other Plastics
- Ferrous Metals
- Non-Ferrous Metals
- Corrugated Cardboard
- Office Paper
- Food Waste _____
- Textiles _____
- Other (specify) _____

SPECIAL WASTE

- Yard Trash _____
- White Goods _____
- Tires _____
- Other (specify) _____

HAZARDOUS WASTE:

- Biological Waste _____
- Biohazardous Waste _____
- Other (specify) _____

Does your company operate a waste management facility in unincorporated Seminole County?
 If yes, please complete information below.

FACILITY:

Address: 2715 Staten Road
 City Orlando, FL Zip 32804

- Equipment Parking and / or _____
- Maintenance Yard Only. _____

RECYCLING FACILITY:

- C&D Processing _____
- Materials Recovery _____
- Yard Waste/Tree Debris _____
- Disposal Facility, Specify _____

!

Materials handled at facility (list all)

See attached _____

Tons handled annually (per material, if applicable)

Item	Tons per year
<u>See annual report attached</u>	_____
_____	_____

Where do you deliver materials for disposal and / or processing?

NOTE:
 * Include Copies Of All Pertinent Regulatory Agency Operation Permits. Attach additional pages as needed.


Seminole County
Certificate of Public Convenience and Necessity
COMPLIANCE AGREEMENT

NAME OF COMPANY: Orlando Waste Paper Co., Inc.

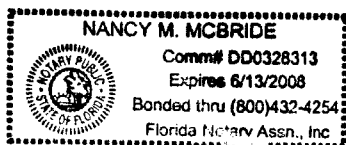
I/We have received and read Chapter 235 of the Seminole County Code. I/We fully understand that I/We must abide by and incorporate the requirements and standards of service set forth in this chapter in each agreement to provide service in Seminole County. I/We understand that failure to comply with any or all of the standards or requirements set forth in Chapter 235 of the Seminole County Code will result in termination of the Certificate of Public Convenience and Necessity.

Owner:  Date: 10/11/06
Signature

Print Name JERRY LEE ALLEN Date: 10/11/06
Vice President

Notary  Date: Oct. 11, 06
Signature

Print Name Nancy M McBride Date: Oct 11, 06



Seminole County
 Certificate of Public Convenience and Necessity
VEHICLE IDENTIFICATION LIST

Please complete this form and include payment to cover the \$20.00 per vehicle fee.

Seminole County will issue a decal for each vehicle listed below.

- The decal will be issued upon COPCN approval and is to be displayed on the driver's side of the vehicle.

Company Name: _____

YEAR	MAKE	MODEL	TYPE (roll-off, etc.)	TAG NUMBER	FLEET ID NUMBER	DECAL NUMBER For County Use Only
2007	Front load	Mack	garbage	N09476		
2001	Front Load	Mack	garbage	N5924A		
2001	Front Load	Mack	garbage	N2044A		
2007	Box Truck	Hino	straight	W891CA		

Total number of vehicles: 4
 X 20.00 per vehicle 20.00
 Sum: \$ 80.00

Make copies as necessary

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/28/2006

PRODUCER (407)898-2211 FAX (407)898-1850
Closson Insurance Agency
Post Office Box 547275
Orlando, FL 32854-7275

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Copy 1/18/06
(RAM)

INSURED
Orlando Waste Paper Co., Inc.
& Container Rental Co.
2715 Staten Road
Orlando, FL 32854

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: American States Insurance Co.	
INSURER B: First National Insurance Co	24724
INSURER C: Continental Casualty Ins. Co.	
INSURER D: Valley Forge Insurance	
INSURER E:	

COVERAGES

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

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	01-CG-725686-2	03/01/2006	03/01/2007	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Contractual				PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	DESIGNATED PROJECT ENDT. CG2501 FOR SEMINOLE CO. SOLID WASTE DIVISION			GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY	25-CC-0327200-2	03/01/2006	03/01/2007	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
C	EXCESS/UMBRELLA LIABILITY	CUP2076581786	03/01/2006	03/01/2007	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	2086862346	01/01/2006	01/01/2007	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 500,000
					E.L. DISEASE - POLICY LIMIT \$ 500,000
B	OTHER Auto Physical Damage	25CC032720-2	03/01/2006	03/01/2007	\$2,000 Ded Comprehensive \$2,000 Ded Collision

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
In regards to the policies listed on this certificate, the insurance is in compliance with the insurance requirements as specified in Sect.18 of the contract between Orlando Waste Paper Co. Inc. & Seminole County, Solid Waste Div. except for the following restrictive General Liability endts that apply: 1)Nuclear Energy Exclusion, 2)Asbestos Endt. 3)Employment Related Practices Excl. Endt. - Seminole County Solid Waste Div. is included as as add'l ins respect to gen.liability

CERTIFICATE HOLDER

Seminole County, Solid Waste Division
Richard
500 W. Lake Mary Blvd
Sanford, FL 32773-7499

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Lenise Zika

Denise A. Zika

Seminole County, Solid Waste Division**Certificate issued to Seminole County, Solid Waste Division**
Closson Insurance Agency**09/06/2006**

09/06/2006

The general liability policy excludes Employment Related Practices, but the insured carries a separate Employment Related practices policy through Continental Casualty Company, Policy #287026793, Effective 3/22/06 to 3/22/07 for a limit of \$1,000,000

Seminole County
Certificate of Public Convenience and Necessity
AFFIDAVIT OF CORPORATE IDENTITY / AUTHORITY

STATE OF FLORIDA
COUNTY OF ORANGE

COMES NOW, Jerry Lee Allen, being first duly sworn, who deposes and says:

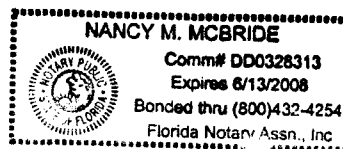
- (1) That he/she is the Vice President, an officer of Orlando Waste Paper Co., Inc., corporation existing under the laws of the State of FL;
- (2) That he/she is authorized to execute the Certificate Of Public Convenience And Necessity Application on behalf of the above named corporation; and
- (3) That this Affidavit is made to induce Seminole County to issue a Certificate of Public Convenience and Necessity for solid waste commercial collection services to the above-named corporation.

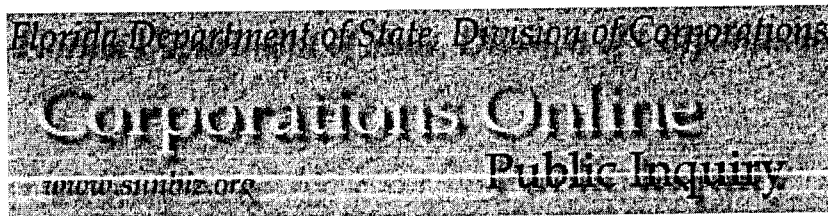
FURTHER AFFIANT SAYETH NAUGHT

Jerry L Allen, Affiant

The following Affidavit was signed, acknowledged and sworn to by *Jerry L Allen*
before me this 11th day of October, 2006

Nancy M McBride
Notary Public, State of Florida
My commission expires: 6/13/08





Florida Profit

ORLANDO WASTE PAPER COMPANY, INC.

PRINCIPAL ADDRESS

2715 STATEN RD.
ORLANDO FL 32804

MAILING ADDRESS

2715 STATEN RD.
ORLANDO FL 32804

Document Number
P94000074594

FEI Number
593276128

Date Filed
10/07/1994

State
FL

Status
ACTIVE

Effective Date
NONE

Registered Agent

Name & Address
VESTAL, JERRY L 2715 STATEN ROAD ORLANDO FL 32804
Name Changed: 11/12/1999
Address Changed: 11/12/1999

Officer/Director Detail

Name & Address	Title
VESTAL, JERRY L 2715 STATEN ROAD ORLANDO FL 32804	D
VESTAL, STERLING S 2715 STATEN RD. ORLANDO FL 32804	V

Annual Reports

Report Year	Filed Date
2004	04/14/2004

2005	04/26/2005
2006	01/20/2006

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No Events
No Name History Information

Document Images

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[04/14/2004 -- ANNUAL REPORT](#)
[02/20/2003 -- COR - ANN REP/UNIFORM BUS REP](#)
[03/24/2002 -- COR - ANN REP/UNIFORM BUS REP](#)
[02/02/2001 -- ANN REP/UNIFORM BUS REP](#)
[03/24/2000 -- ANN REP/UNIFORM BUS REP](#)
[11/12/1999 -- Reg. Agent Change](#)
[02/22/1999 -- ANNUAL REPORT](#)
[02/24/1998 -- ANNUAL REPORT](#)
[01/17/1997 -- ANNUAL REPORT](#)
[01/29/1996 -- 1996 ANNUAL REPORT](#)

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