

**SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to BOARD OF COUNTY COMMISSIONERS
by JUDITH SOUTH
for THE SOUTH'S JANITORIAL SERVICE

whose business address is -

PO BOX #1273
YULFEE FL 32097

and (if applicable) its Federal Employer Identification Number (FEIN) is _____

(If the entity has no FEIN, include the Social Security Number of the individual signing this

sworn statement: 249-98-2016)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

BID SHEET

\$ 20,808.00 12 mos
~~\$~~ 15,606.00

Total bid price through September 30, 1995

Annex Building
Nassau County Courthouse

\$ 867.00 monthly
\$ 867.00 monthly

Additional Duties Beyond Scope of Contract

additional labor charges (per hour)
Number of persons required

\$ 10.00 (20) per hour
\$ 20.00
2

term of the contract shall be from the date of acceptance to September 30, 1995.

Workers Comp Carrier name, and address, and telephone number

SEE ATTACHED

Bonding agent name, address, and telephone number

SHANK-SMITH INSURANCE
1335 S 8TH ST
FERNANDINA BCH FL 32035

Insurance company name and address

SHANK-SMITH INSURANCE
1335 S. 8TH ST 32035
FERNANDINA BCH FL

Occupational License Information

Firm Name and address submitting Bid:

THE SOUTH'S JANITORIAL SERVICE

P.O. Box 1373

LAKE TAHOE 32097

JUDITH SOUTH

Representative of company submitting bid

LORIE L. McCARROLL
CERTIFIED PUBLIC ACCOUNTANT

1890 So. 14th Street, Suite 200
(904) 277-0009

Post Office Box 1434
Fernandina Beach, FL 32035-1434

November 10, 1994

Nassau County Board Of Commissioners
11 North 14th Street
Fernandina Beach, Florida 32034

Re: Judy South d/b/a
The South's Janitorial Service

Dear Commissioners:

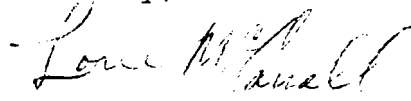
This is to advise you that my client referenced above is currently not required by the State of Florida to carry workman's compensation insurance. This business is currently exempt based upon the following criteria.

- Owner's may be exempt from workman's compensation
- Businesses of this type, having less than 3 employees in any one quarter, are not required to carry workman's compensation insurance

In addition, Ms. South is not required to have a Federal Employer Identification Number even though she operates as a partnership. Partnerships may elect out of "partnership treatment" for federal income tax purposes thereby reporting income and expenses directly through the owners personal tax return.

Should you need additional information, please contact my office.

Sincerely,



Lorie L. McCarroll

#1

EMPLOYEE IUF.

JUDITH SOUTH
LANA Rd
Po Box #1373
YULEE FL 32097

TELE* 904-225-2160
DL# S300-425-40-796-0
SS* 249-98-2016

#2

LAVERNA NANCE
2351 HOLLY POINT
FERNANDINA Bch. FL 32034

TELE* 904-261-0322
DL# N530-5333-0637 -
SS* 336-22-4246

DUTIES - NASSAU COUNTY COURTHOUSE, 416 CENTRE STREET

Daily Duties:

Duty Group:

Hallways	A
Waiting areas	A
Conference/Meeting Rooms	A
Break Room	A
Public Restrooms	A & B

Two Times Per Week:

Room 2	A
Room 4	A
Room 7	A & B
Room 8	A
Room 10	A & B
Room 11	A
Room 15 & 18	A

Three Times Per Week:

Office:

Judge Williams Office & Hearing Room	A & B
T. J. Greeson Office, Room 3	A
Administrative Office, Room 9	A
Courtrooms	A & B

DUTIES - OFFICE ANNEX BUILDING, 11 NORTH 14TH STREET

Daily Duties:

Duty Group:

Hallways

A

Waiting areas

A

Tax and Tag Office

A & B

Public Restrooms

A & B

Two Times Per Week:

Office:

Property Appraiser

A & B

Elections Office

A & B

Public Defenders

A & B

State Attorney

A & B

DUTIES:

Group A:

- Vacuum carpets including stairs
- Sweep and damp mop tile/wood flooring
- Empty trash cans as appropriate to individual work area
- Clean water fountain
- Wipe counter tops
- Wipe flat surfaces within normal reach

Group B:

- Clean sinks
- Clean mirrors
- Clean and sanitize toilets and urinals
- Wipe counter tops
- Refill paper dispensers
- Empty trash containers
- Clean floors

BID REQUIREMENTS

- Firm submitting bid shall provide the following: Proof of insurance, necessary liability bonds, and workers compensation as required by law.
- Bidder shall provide the following information: Name, home address, telephone number, Drivers License Number, and Social Security number of any and all individuals performing contract work. NOTE: (A background check will be performed by the employer (Board of County Commissioners) of all individuals assigned to perform work duties under this contract prior to work being performed.
- Contract will be subject to cancellation by the county without notice or penalties.
- County will provide all cleaning products, disinfectants, paper products, cleaning materials and cleaning equipment.
- On the last day of the work week, all trash cans and waste baskets in all offices, break rooms, waiting areas, etc., will be emptied.
- Contractor will be responsible for arming and disarming security systems as required.
- Contractor shall provide a rate for any additional labor charges beyond the scope of this contract and any additional buildings that may be added to the scope of this contract.
- Contractor may be subject to call in case of emergencies.
- Workdays and hours shall be established as follows: Monday through Friday, after 5:00 PM, following the first day of the work week and before 8:00 AM prior to the following day. NOTE: Cleaning times of an individual office may vary from time to time in order to accommodate additional office hours.
- Contractor shall leave a note in the Custodial Office as to any problems or maintenance items that need attention by the county staff.

ACORD CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)

1/03/95

PRODUCER
 John T. Ferreira
 PO Box 777
 500 Centre Street
 Fernandina Beach, FL 32034
 904-261-5571

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
 South's Janitorial
 P.O. Box 1273
 Yulee, FL 32097

COMPANIES AFFORDING COVERAGE

COMPANY
A Auto Owners Insurance Company

COMPANY
B

COMPANY
C

COMPANY
D

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	APPLIED FOR	1/03/95	1/03/96	GENERAL AGGREGATE \$ 100000
					PRODUCTS-COMP/OP AGG \$ 100000
					PERSONAL & ADV INJURY \$ 100000
					EACH OCCURRENCE \$ 100000
					FIRE DAMAGE (Any one fire) \$ 50000
					MED EXP (Any one person) \$ 5000
	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				COMBINED SINGLE LIMIT \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				STATUTORY LIMITS \$
					EACH ACCIDENT \$
					DISEASE - POLICY LIMIT \$
					DISEASE - EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Janitorial Services

CERTIFICATE HOLDER
 Nassau County Board of County Commissioners
 P.O. Box 456
 Fernandina Beach FL 32035-0456

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *John T. Ferreira* 005227000

ACORD INSURANCE BINDER

ISSUE DATE (MM/DD/YY)

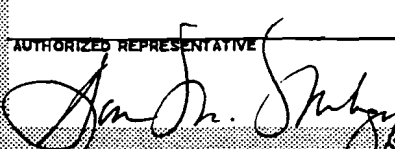
1/03/95

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM

PRODUCER John T. Ferreira PO Box 777 500 Centre Street Fernandina Beach, FL 32034	COMPANY Western Surety		BINDER NO.	
	DATE 1/03/95	EFFECTIVE TIME 09:00 X AM	DATE 2/03/95	EXPIRATION TIME X 12:01 AM NOON
CODE		SUB-CODE		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY NO:
INSURED South's Janitorial P.O. Box 1273 Yulee FL 32097		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Janitorial		

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	AMOUNT	DEDUCTIBLE	CONSUR.
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC.				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	RETRO DATE FOR CLAIMS MADE:	GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$ COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT. \$ UNINSURED MOTORIST \$		
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 <input type="checkbox"/> GARAGE LIABILITY	RETRO DATE FOR CLAIMS MADE:	ACTUAL CASH VALUE \$ STATED AMOUNT \$ OTHER \$		
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: _____ OTHER THAN COL: _____				
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ STATUTORY LIMITS \$		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$		

SPECIAL CONDITIONS/OTHER COVERAGES
 JANITORIAL SERVICES BOND. LIMIT: \$5,000.

NAME & ADDRESS NASSAU COUNTY P.O. BOX 456 FERNANDINA BEACH FL 32035-0456		<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE LOAN #	<input type="checkbox"/> ADDITIONAL INSURED
		AUTHORIZED REPRESENTATIVE 	
ACORD 75-S (7/90)		005227000 © ACORD CORPORATION 1990	