Request for Qualifications No. 12-004

Professional Surveying Services



The City of Key West, Florida

ISLAND SURVEYING INC.

ENGINEERS PLANNERS SURVEYORS

3152 Northside Drive

(305) 293-0466

Suite 201

Fax (305) 293-0466

Key West, Fl

fhildeb1@bellsouth.net

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LETTER OF INTEREST

ISLAND SURVEYING, INC.

F.H. Hildebrandt, President

August 8, 2012

The City of Key West 1340 Flagler Avenue Key West, Florida, 33040

RE: Request for Qualifications for Surveying Services

Island Surveying Inc. is pleased to respond to your request for qualifications for Surveying Services.

Island Surveying Inc, is a Key West Based Surveying and Engineering form that has been in business in the Florida Keys and Key West since August 1983. Originally known as F.H. Hildebrandt, Mr. Hildebrandt changed the name in 2006 due to restructuring. Located at 3152 Northside Drive, Key West, Florida for the past 20 years.

Island Surveying Inc., has brought forth talented organizations for this proposal. **Mendy Walden**, operation manager of First American Title Company, is based in Key West. **RON Anderson** and **Christopher Scott Moore**, both Certified GPR Technicians are employed by GPRS Systems, based out of Toledo, Ohio has branch offices through out the United States. **Nickolas Fusco**, is employed by Photo Science, with offices throughout the United States.

Island Surveying Inc., has performed a variety of surveying services, from a simple vacant lot To complex military surveys. Mr. Hildebrandt has been surveying in the Florida Keys and Key West since 1975. We have worked for many clients in a wide range of projects. Some of our clients are, The City of Key West, Monroe County, U.S. Navy, Monroe County School Board, Singh Properties, Old Town Development, and other major developers.

Island Surveying Inc., is a financially stable Key West Based Surveying and Engineering firm that has not has any pending litigation issues.

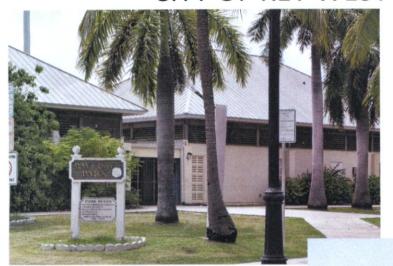
Our team can make full commitment for any new projects.

Please review our proposal and we are looking forward to the possibility of working with the City of Key West and its staff.

Frederick H. Hildebrandt

Frederick H. Hildebrandt, P.E., P.S.M. Owner

SPECIALIZED EXPERIENCE

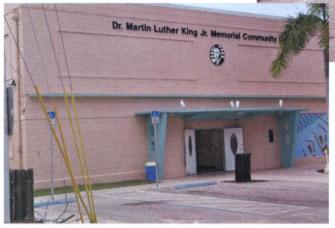


BAY VIEW PARK

Provided boundary and topographical survey for new renovations. Recently finished a new bath house.

NELSON ENGLISH PARK KEY WEST POOL

Provided Boundary and topographical surveys for new renovation.



PORTER PLACE

Complete survey for City of Key
West Housing Authority.
Also provided engineering for
new sewer lines





ROOSEVELT GARDENS

A 96 Unit affordable Housing project

In New Town. Provided complete surveying services as well as all engineering services.

ROOSEVELT SANDS

A new 44 unit affordable housing Project in Bahama Village.

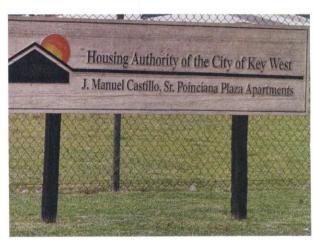
Provided boundary, topographical and as built surveys. as well as

legal descriptions for easements.



POINCINIA HOUSING

Surveyed for the City of Key West for acquisition from the US Navy. Also provided legal descriptions for parcels.



POINCINIA ROYAL

Assistance living housing for HIV infected persons.

Complete surveying services.

GARRISON BIGHT

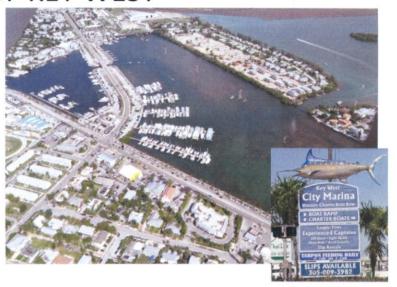
Topographical surveys for

Tarpon Pier and Charter Boat Row.

Also surveyed Garrison Bight

Causeway for the City of Key

West and the FDOT, providing surveys and legal descriptions.



MALLORY SQUARE

Boundary,topographical, and hydrographic surveys for renovation of pier and square Also on the aerial is the Weston, Ocean Key House, CVS Drugs and Clinton Square, all of which was surveyed by Island Surveying.

KEY WEST BIGHT

Complete surveys of all docks and buildings,
State of Florida Submerged land
Lease, and Elevation certificates.



SMATHERS BEACH

Topographical surveys for sand replenishment from 2005 to 2008. This required yearly as builts and volume calculations.





TRUMAN ANNEX

Boundary and topographical, surveys and New legal descriptions for the City of Key West acquisition from the U.S. Navy.

Also surveyed for the assistance living housing and the Bahama Village Land Trust.

We are also part of the team of Bermello Ajamil & Partners

OTHER SURVEYS FOR THE CITY

Establish the Right-of-Way of Flagler Avenue from Bertha Ave, to White Street.

Provided surveys for the city for acquisition of Portions of the salt ponds along Atlantic Blvd. and South Roosevelt

Topographical surveys for all of the cities \ballfields.

Mooring field lying adjacent to Fleming Key, submerged land lease,



MONROE COUNTY

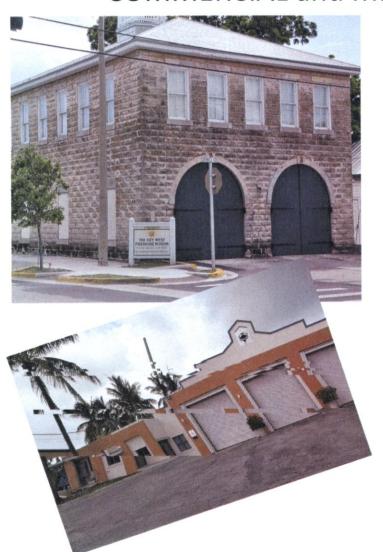
Boundary and topographic surveys, of numerous county buildings.



COMMERCIAL

Provided boundary and topographic surveys, as well as asbuilt for numerous business.





FIREHOUSES

Boundary and topographic surveys, of Firehouses within the City of Key West and Monroe County.

Firehouse No. 1

old firehouse on Grinnell Street

New firehouse at North Roosevelt

Stock Island Firehouse

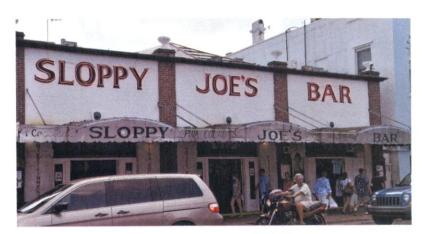
Sugarloaf Firehouse

Conch Key Fire House

Navy Firehouses

Commercial

Boundary and topographic surveys, of many restaurants, offices and guest houses.





OVERSEAS MARKET PLACE

Boundary and topographic surveys.

Surveyed site from ground up. Provided easements and resurveys.

CUSTOM HOUSE

Provided boundary and topographic surveys, for renovation.,



RESTAURANTS

Provided boundary and topographical surveys.



BOTANCIAL GARDEN

Boundary and topographic surveys for old and new gardens. Located many trees, as builts, and easements.

COMMERCIAL PROPERTY 400-408 DUVAL STREET

Provided boundary and ALTA survey.



Publix ROBER A PLANACE

SEARS TOWN

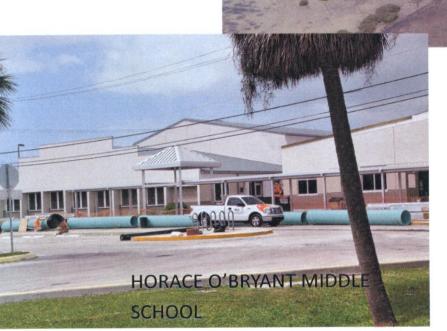
Provided boundary and topographical surveys. Also resurveyed Publix market and Outback.

SCHOOLS



Provided boundary and topographical surveys for new renovation and new dorms. Also provided drainage Engineering, as well as as builts.

Original Boundary surveys and topographical surveys, Building layout and as built surveys



Provided boundary and topographical surveys. Building layout for Coastal Construction, as builts, elevation Certificates, and Legal Descriptions for Property swaps with the City of Key West.

SCHOOLS



GLEN ARCHER

Boundary and topographical survey. Possible future home to the City of Key West new City Hall.

SUGARLOAF ELEM. And MIDDLE SCHOOL

Provided all boundary and

topographical surveying for all new renovation. Wetland survey. As built and legal descriptions.



GERALD ADAMS

Boundary and topographic surveys.

Also construction layout for new

Additions.

CHURCHS



SAINT PAULS ESISCOPAL CHURCH

Provided boundary and topographical surveys.

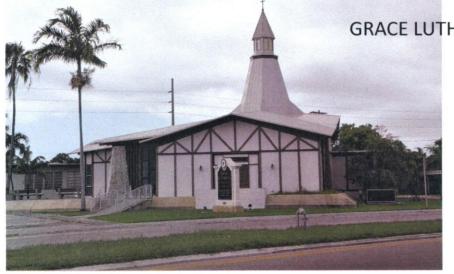
Also engineering for new pavers.

Complete boundary surveys for St. Mary's, and Grace Lutheran Church

All church's have received a discount on fees.



GRACE LUTHERAN CHURCH



OTHER CHURCHS

St. Peters (Big Pine)

Key West Baptist Temple

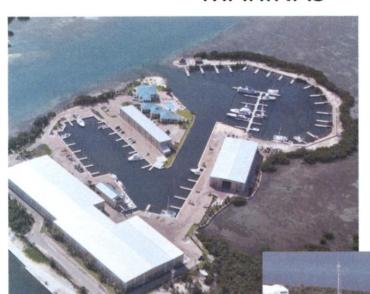
Trinity Presbyterian Church

Newman United Church

Chabad Jewish Center

St. Francis Soup Kitchen

MARINAS



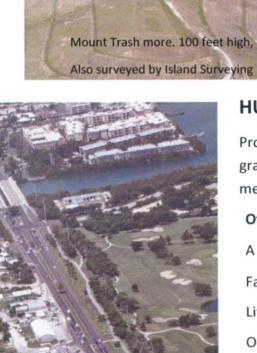
YACHT CLUB OF AMERICA

Old Peninsular Marina, converted to a condominium yacht club.

Complete surveying, submerged land lease and condominium documents.

SUNSET MARINA and CONDOMINIUMS

Provided boundary and topographical surveying, as well as condominium documents.



HURRICANE HOLE

Provided boundary and topographical surveys. Also submerged land leases.

Other Marinas

A & B Lobster

Faro Blanco (Marathon)

Little Palm Island , land side

Oceanside

Murray's Marina

COUNTY PARK, HIGGS BEACH



CONDOMINIUMS



LA BRISA

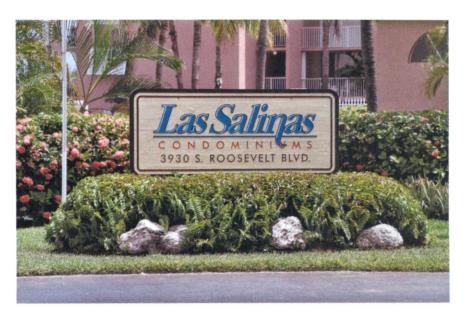
A 132 unit condominium.

Provided boundary and topographical surveys.elevation certifications and condominium documents

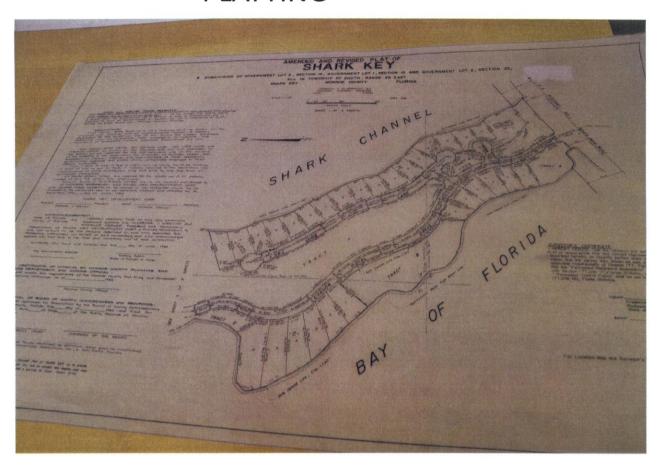
LAS SALINAS

Condominium & Apt.

Provided boundary and topographical surveys, elevation certifications and condominium documents



PLATTING



PLATTING

Provided Plats for new subdivisions whit in Monroe County, Dade County,

And Key West.

AMONG OF THEM ARE:

SHARK KEY

OCEAN REEF

SADDLEBUNCH R/V PARK

TRINITY

MARQUESA COURT

KEY HAVEN ESTATES

CURRY COVE

SUBDIVISIONS and DEVELOPMENTS



TRUMAN ANNEX

Boundary surveys, construction layout, resurveys, legal descriptions and elevation certifications

Provided all needed surveys for Singh Properties and new owners.

PARROT KEY RESORT

Provided full Boundary and

Topographical surveying.

For a 74 unit development.

Originally to be sold as individual housing, it since has become a resort.





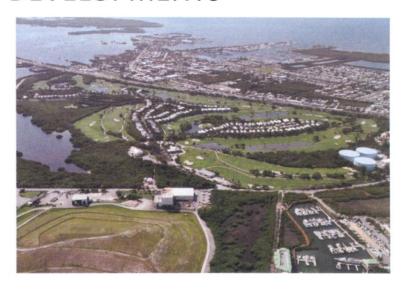
Provided all surveying for the Wlash Family (North/South Corporation), Including the Westin, Sunset Key and surrounding properties.

SUBDIVISIONS and DEVELOPMENTS

KEY WEST GOLF COURSE

(Approx. 430 homes)

Provided complete surveying, Construction Layout, planning and redesigns, new boundary surveys, and legal descriptions for each individual unit.



SHARK KEY

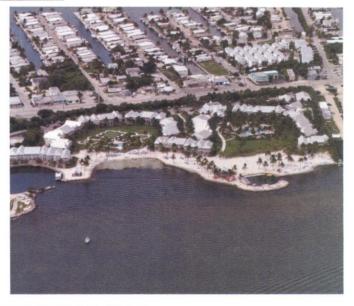
A 74 Unit subdivision

Provided boundary and topographical surveys, road & utility layout.

As well as on going surveys for new homes.

TRANQUILITY BAY

A condominium and resort in Marathon Provided layout, boundary survey, and condominiums documents.



SUBDIVISIONS and DEVELOPMENTS



FARO BLANCO

Provided full Boundary and Topographical surveying.

For new resort and marina



BALFOUR BEATTY TRUMBO POINT USN

Provided full boundary and topographical surveying for new 110 homes for military.
Also as builts and Elev. Certificates



OCEAN REEF HARBOR COURSE

Provided full Boundary and Topographical surveying. for plats and layout



WALDORF ASTORIA (CASA MARINA)

Boundary survey, including submerged land lease and elevation certificates,

WALDORF ASTORIA (REACH)

Boundary survey, submerged land leases and elevation certificates.



MARRIOT BEACHSIDE

Provided boundary and topographical surveys (the old Holiday Inn). Also included were submerged land leases, construction layout and condominium documents.



SPOTTSWOOD PROPERTIES

Boundary and topographical surveys of most of the Spottswood properties. Shown are a few of the hotels or motels.

SOUTHERMOST HOTEL

Boundary and topographical survey.



HYATT

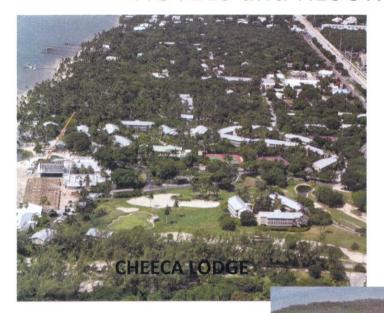
SOUTHERNMOST

HOTEL

IN THE U.S.A.

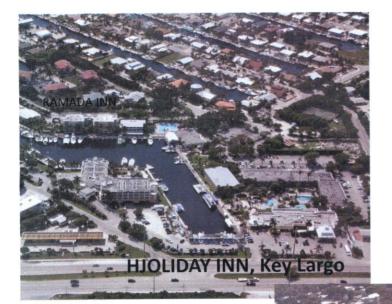
Provided boundary and topographical surveys. Construction layout, as built, and condominium documents. As well as submerged land leases and state certified Mean High Water Survey

KEY WEST

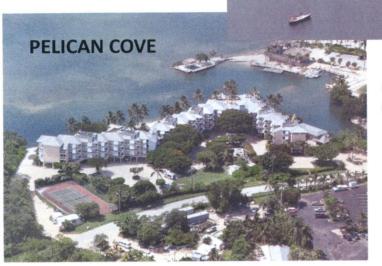


Boundary and topographical surveys, submerged land leases, condominium documents, on Cheeca Lodge and Holiday Isle.





Performed boundary surveys on these hotels.



Provide boundary surveys and condominium documents

ISLAND SURVEYING INC. KEY WEST,FL.

MARRIOT KEY LARGO





Performed boundary and topographical surveys on all of the above.

Some also had condominium documents.

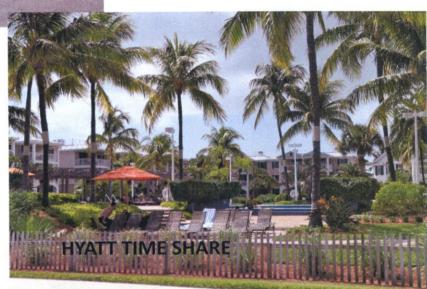


Provided boundary, topographical surveys, and construction layout.

Boundary, topographical surveys,

Construction layout, condominium documents.

(Beatles slept here, before the Hyatt)

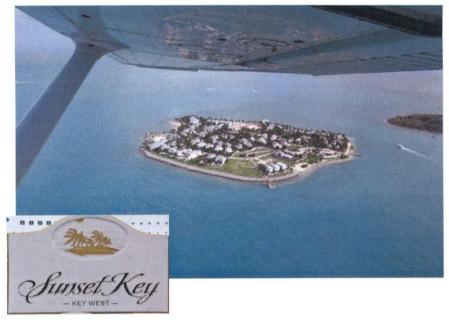


OTHER NOTED HOTELS

Holiday Inn Express, Marathon

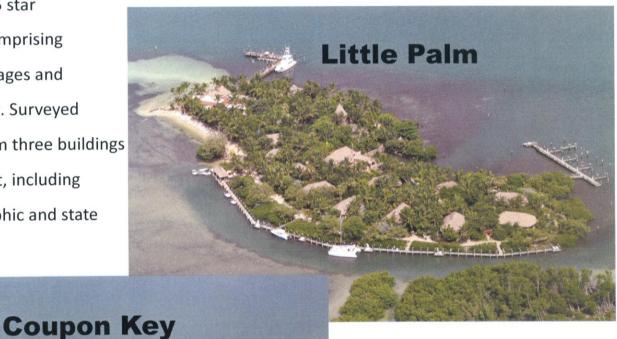
Sombrero Resort

ISLANDS



A 122 Unit Island, comprising of resident units, Resorts Cottages and The Latitude Restaurant Surveyed Island from Only sand and a few Palm trees to built out.

A 4 Acre, 5 star Resort, comprising Of 33 cottages and restaurant. Surveyed Island from three buildings To a resort, including Hydrographic and state Leases.



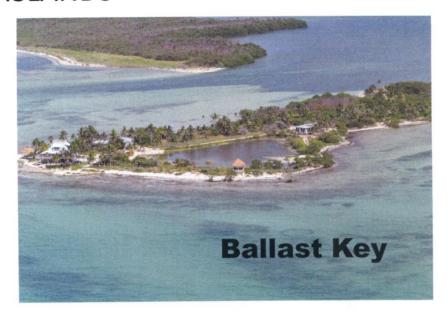
A private island owned by the Spottswood Family. Performed Boundary and State submerged land leases.

ISLANDS

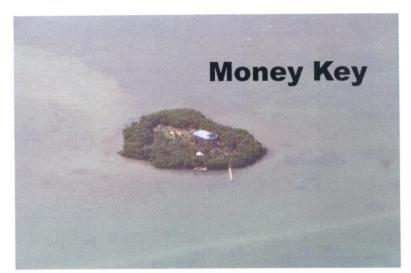
A private 24 acre island

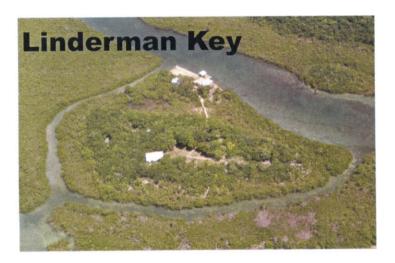
Owned by David Wolkowsky
which Lies 8 miles West of Key
West

Performed complete boundary Survey.



Money Key, Formerly
Melody Key., a weekly
Getaway,. Provided all
Location and boundary
Surveys.



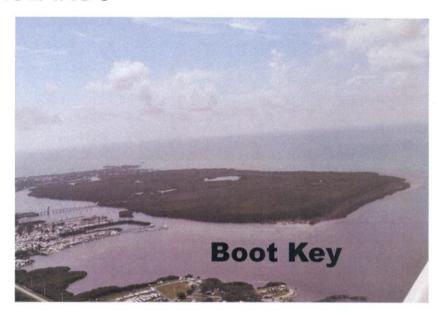


A 6 acre island North of Ocean Reef, provide boundary, and topographic survey.

Island was used by the CIA as
A safe house and train Cuban
Exiles.

ISLANDS

Surveyed Complete island
In 1985. Monroe County
Is trying to purchase it.
The old draw bridge to the
Iiland has been removed.



OTHER ISLANDS

<u>SEAWATCH</u> an under developed portion of Seawatch Condominium

RUSSEL KEY A island North of Marathon

DON QUIXOTE KEY A small island in Spanish Harbor

AIRPORTS



KEY WEST INTERNATIONAL

Provided boundary and topographical surveys for the entire airport. Including runway grades, wetland defined, height of trees and new terminal. Area also included the East Martello Tower.

SUGARLOAF

Provided full boundary and topographical surveying.

This survey also included the Sugarloaf Lodge, bat tower and all of the area owned by the Good family.



MARATHON AIRPORT

Provided topographical surveys for taxiway extension. Also surveyed for the new fire house, Monroe County sheriff's hanger and the proposed EOC building.

NAVY AND COAST GUARD



U.S. NAVY

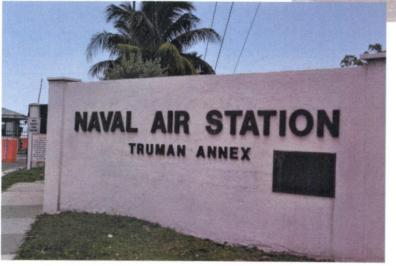
Recently completed complete boundary surveys of all of the bases

Also provided surveying services for buildings, marinas, towers, new sanitary lines, rip-rap and environment cleanup



NAVY AND COAST GUARD





Also provided surveying services for mangrove mitigation, drainage studies & Monitoring wells



NAVY AND COAST GUARD

Provided surveying services for fuel transfer, surveyed piers B1 to B4 and old fuel farm.

KEY WEST PIPE LINE

Located the JP-5 fuel line from Trumbo to Boca Chica, a distance of approx. 6 miles.





PROFESSIONAL QUALIFICATIONS

PROFESIONAL & COMPANY QUALIFICATION

Team Profile and History

Island Surveying Inc. is a Key West/Monroe County based, veteran owned, Surveying and Engineering firm.

Being in business since August 1983, the firm's principal, Frederick H. Hildebrandt has been a registered Land Surveyor since 1976 and a registered Professional Engineer since 1986. Fred Hildebrandt has surveyed in many counties in Florida, and also in the States of Rhode Island, New Jersey, Connecticut, and Massachusetts. He also surveyed in Asia, Africa and the Caribbean.

The firm is the oldest in Monroe County. Its principal, Fred Hildebrandt is also the only registered surveyor and engineer in the county. It also maintains well over 10,000 past surveys.

Mr. Hildebrandt has been surveying in Key West since 1975. As a surveyor for Carr Smith and Assoc. our first project was surveying and engineering for the renovation of Duval Street. Carr Smith maintained an office in Key West, since approx. 1978. F.H. Hildebrandt was established in August 1983, and replaced Carr Smith at that time. F.H. Hildebrandt's main office was in Miami with a branch office in Key West. In October 1992 Mr. Hildebrandt moved to Key West and also his main and only office. Island Surveying has since been at its current site.

Island Surveying philosophy has always been to maintain as many clients as possible. Since we are involved in the Real Estate and Construction Market, there have been many ups and downs. Also this gave us a broad spectrum of many types of surveying.

Our firm has done extensive work with the United States Navy (Island Surveying has surveyed all of the bases), Monroe County School Board, (we surveyed most of the schools), the City of Key West (submerged Land Leases, Elevation Certificates, sewerage, right-of-way surveys, (Flagler Ave. Nichols Ave.) Beach replenishment, Singh Properties, Old Town Development and others.

Being a small company, Island Surveying has kept up with the rapid change of technology in surveying and engineering. Our computers are updated every few years. We recently purchased i7 processor computers. Also we updated out autocad software to Autodesk infrastructure design suite premium 2013. Drawings are printed on a HP designjet 500 or a sharp printer. All of our computers are networked.

Also the field operation of surveying has changed. Years ago it required a three man survey crew. Now most jobs are done by one person with more accuracy. Besides the usual surveying equipment, Island Surveying uses a one man robotic total station. We are also part of L-net, a multi-based dual constellation solution (Network RTK). This GPS system gives us a rapid fixed solution with centimeter accuracy. The system reference fame is NAD 83 and NAVD 88 datum.

Island surveying also has a 27 foot Wellcraft boat at its disposal for any open water work. It was been used in the past for the City of Key West Mooring Field and Tarpon Pier.

FIRST AMERICAN TITLE COMPANY, a national underwriter, has a branch office, at 3132 Northside Drive, Key West, Fl. Mendy Walden with over 30 years' experience is the operation manager. She has resided in Key West since 1998.

GPRS, Ground Penetrating Radar Systems, Inc. is based out of Toledo Ohio. Ron Anderson, a certified GPR technician is based out of North Lauderdale, Florida while Christopher Moore also a certified GPR technician is in Orlando, Florida.

GPRS uses the latest ground penetrating technology. All of their equipment meets all standard FCC regulations. Some of their applications are location of utilities, archaeological digs, cemetery markers, underground storage tanks concrete and more.

PHOTO SCIENCE, founded in 1974 is a full service geospatial firm, specializing in aerial imaging and data collection and processing, LiDAR acquisition and processing, photogrammetric mapping, remote sensing, GIS surveying and mobile mapping services. Photo science employs a staff of 200 at nine offices nationwide. Gary Florence and Nickolas Fusco, both are state of Florida registered surveyors are located in the Saint Petersburg office.

RESUMES

Frederick H. Hildebrandt, P.E., P.S.M.

REGISTRATION:

Professional Land Surveyor and Mapper, State of Florida, No. 2749 (June 1974) Professional Engineer, State of Florida, No. 36810 (March 1986)

EDUCATION:

Associate in Applied Science, Civil Technology, State Univ. at Farmingdale, N.Y. (1965)

Union College, Cranford New Jersey, Civil Engineering Courses

Bachelor of Arts, Real Estate major, minor in construction, Florida International University, Miami, Fl. (1978)

Masters of Science Program, Environmental & Urban Systems, FIU, Miami Florida

PROFESSIONAL EXPERIENCE:

2008 to present: Principal, Island Surveying Inc. Key West, Fl. 33040

1983 to 2008: Principal, F.H. Hildebrandt, Key West, and Miami

1982-1983: Chief Land Surveyor, Manager Survey Department, Vice President, Carr Smith & Associates,

Coral Gables, Fl.

1981: Survey Manager Hole Montes & Associates, Naples, Fl.

1973-1980: Chief Land Surveyor, Manager Survey Department, Vice President, Carr Smith & Associates, Coral Gables, Fl.

1971-1973: Senior Party Chief, Porter & Ripa Associates, Morristown, New Jersey

1969-1971: Party Chief, Sailor & Sailor, Elizabeth, New Jersey

1969: Instrument man, Stanley Engineers, East Providence, Rhode Island

MILITARY:

1965-1969: U.S.N. Seabees, Engineering Aid Second Class, three tours to the Republic of Vietnam,

HISTORY:

Surveyed in New Jersey, Connecticut, Massachusetts, Rhode Island, and Florida. Also surveyed in Asia, Africa, and the Caribbean.

OTHER LICENSES

Private Pilot

Certified open water diver

MAJOR PROJECTS:

U.S. Navy, all Key West Bases

City of Key West, Misc. Surveys including Truman Annex

Monroe County, Misc. Surveys

Monroe County School Board, most of the county schools

K.W. Housing Authority, Sands and No. Roosevelt Housing

Singh Properties. K.W. Golf Course, Parrot Resort, Truman Annex

Monroe County Airports

Surveyed over 10,000 properties in the Florida Keys

RESUMES

Donald Fletchall

EDUCATION:

Graduate of Saint Mary Immolate High School, 1977 Associate degree work in Business, FKCC, UF

PROFESSIONAL EXPERIENCE:

Civil Service, U.S. Navy

5 Years Waste Management

10 Years Hazardous waste

5 Years management partner, M & M, LLC, DBA, Haagen-Dazs

13 years senior Party Chief, Island Surveying, Inc.

HISTORY:

Involved with all office and field work for Island Surveying, Inc. Proficient in Autocad 2004 – 2012 GPS Operation Robotic Total Station

OTHER LICENSES

Certified open water diver

MAJOR PROJECTS:

U.S. Navy, all Key West Bases
City of Key West, Misc. Surveys including Truman Annex
Monroe County, Misc. Surveys
Monroe County School Board, most of the county schools
K.W. Housing Authority, Sands and No. Roosevelt Housing
Singh Properties. K.W. Golf Course, Parrot Resort, Truman Annex
Monroe County Airports

RESUMES

Sue Hildebrandt, C.P.A.

EDUCATION:

B.A., L.S.U., December 1978

PROFESSIONAL EXPERIENCE:

Certified Public Account for 30 years Owns own practice in Key West, Fl.

HISTORY:

Parttime office manager, Island Surveying, Inc. Bookkeeper, accounts receivable and payable

OTHER LICENSES

Certified open water diver



STAFF RESUMES

GARY FLORENCE, PLS, PSM, CP

Mr. Florence has more than 30 years of management experience. He is the Vice President for Photo Science's St. Petersburg operation managing more than 30 GIS and remote sensing personnel and is responsible for all GIS and remote sensing activity supporting federal, state, local government contracts and work for the private sector. Previously, Mr. Florence worked for the Southwest Florida Water Management District (SWFWMD) where he served as the Director of the Resource Data Department responsible for mapping and GIS, hydrologic data, geohydrologic data, and the ambient groundwater quality programs. He directed the construction and maintenance of a district-wide network of monitoring and production wells to determine the hydrologic characteristics of Florida's aguifers; developed a Supervisory Control Data Acquisition system to monitor hydrologic conditions; and developed projects associated with the operation and maintenance of the district-wide GIS.

Lake Okeechobee Littoral and Shore Mapping, South Florida Water Management District. Principal-in-Charge. Project included image acquisition and processing to support the delineation and classification of vegetation along Lake Okeechobee's littoral zone using soft copy photogrammetric techniques combined with extensive field verification to capture vegetation features from color infrared aerial photography.

Quality Assurance for Land Use/Land Cover, South Florida Water Management District. Principal-in-Charge. Project included the Districtwide update of land use/land cover using digital orthophoto quadrangles, aerial photography, and other ancillary data. All classifications performed according to the District's Modified FLUCCS and the photointerpretation involved extensive field work.

Pinellas County Digital Orthophotos, Southwest Florida Water Management District. Principal-in-Charge. Project Surveyor on a project to produce digital orthophotos. The project area was comprised of 5,000 ft. x 5,000 ft. cells that serve as the tiling scheme for the orthophoto deliverables. The project was approximately 2,300 square miles

Project Assignment

Project Manager

Education

MS/Remote Sensing/Vegetation Survey/Int'l Institute for Aerial Space Survey & Earth Sciences/1980

Post Graduate Degree/Rural Surveys/Int'l Institute for Aerial Space Survey & Earth Sciences/1978

BS/Regional Analysis/University of Wisconsin/1974

Registration

ASPRS Certified Photogrammetrist: (#1265) Professional Surveyor & Mapper: FL (#LS6757)

Professional Land Surveyor: OR – Registered Professional Photogrammetrist (#80625RPP), SC – Photogrammetric Surveyor (#24300), VA – Land Surveyor Photogrammetrist (#000020)

Years of Experience: 31

completed at 1 ft. resolution. The project also required field survey to verify the horizontal accuracies.

Aerial Seagrass Mapping, Southwest Florida Water Management District. Project Manager for this project to create a detailed GIS dataset of benthic habitat, i.e., submerged aquatic vegetation for near shore coastal areas of the District from Tarpon Springs south to Boca Grande in 2004, 2006, 2008, 2010 and ongoing in 2012. The objective of each project is to produce two spatially and thematically accurate ArcGIS seagrass databases using airborne imagery.

Coastal Digital Imagery and LiDAR Acquisition Program.

Florida Division of Emergency Management. Task Manger. Ongoing statewide initiative that involves LiDAR data collection and processing to assist in the update of current regional evacuation studies, including enhanced computer-modeling analysis on the effects of storm-surge events along Florida's Coast.



STAFF RESUMES

NICK FUSCO, PLS, PSM

Mr. Fusco has more than 40 years of survey-related experience and has worked in 11 U.S. Army Corps of Engineers Districts. He specializes in geodetic control using GPS techniques. He also has managerial and field experience in many types of surveying, including boundary, topographic, hydrographic, deformation, and construction surveys. His GPS experience includes providing extensive training to U.S. Army Corps of Engineers (USACE) personnel. Mr. Fusco's projects range from the implementation of large-scale geodetic control networks covering many hundreds of square miles to high-precision micro-geodetic networks for monitoring structural deformations. His background also includes the management of multi-million dollar photogrammetric mapping projects. Further, in 2009 Mr. Fusco was appointed to the Florida Board of Professional Surveyors & Mappers.

Lake Okeechobee Littoral and Shore Mapping, South Florida Water Management District. Technical Advisor. Photo Science was chosen to produce a spatially, thematically, and technically accurate vegetation maps of Lake Okeechobee's littoral zone using color infrared (CIR) aerial orthophotography of the lake. Photo Science mapped three geographically separate areas of the lake, i.e.: Kreamer, Torry, and Rita Islands; the emergent marsh near Henry Creek; and the emergent marsh from the Kissimmee River around the western shore of the lake to the town of Clewiston.

Aerial Seagrass Mapping from Tarpon Springs to Boca Grande, Southwest Florida Water Management District.

Technical Advisor. Photo Science was awarded a contract to create a detailed GIS dataset of benthic habitat, i.e., submerged aquatic vegetation (SAV) for near shore coastal areas of the District from Tarpon Springs south to Boca Grande. The objective of this project is to produce two spatially and thematically accurate ArcGIS seagrass databases using airborne imagery. One SAV data set was compiled in 2004 and another SAV dataset was compiled in 2006.

Project Assignment

Project Manager

Education

BS/Civil Engineering/Penn State University/1969

Registration

Professional Land Surveyor: AL (#26957-S), AZ (#24516), LA (#5003), MD (#10774), MS (#3135), NJ (#27711), NM (#12442), NY (#49593), OH (#6851), PA (#27894-E), VA – Land Surveyor Photogrammetrist (#000016), WV (#726)

Professional Surveyor & Mapper: FL (#PSM-6452)

Years of Experience: 42

Aerial Photography Contract, State wide. Florida
Department of Transportation Turnpike Commission. Project
Manager. Contract covers multiple areas within the entire
Florida's Turnpike Enterprise system of any toll roads or
facilities that may be under the jurisdiction of Florida's
Turnpike Enterprise. The scope of work includes all services
associated with Aerial Photogrammetry, Mapping, and
Surveying.

Countywide Digital Orthophotography, Florida
Department of Revenue and Florida Department of
Environmental Protection, Brevard County, FL. Technical
Advisor. Project included the digital aerial imagery
acquisition and creation of CIR and true color digital
orthophotography at a pixel resolution of 1-foot for all of
Brevard County, FL. The total project area consists of the
entire county (covering 1,043 square miles) excluding the
restrictive area associated with NASA's Cape Canaveral.

Countywide Aerial Mapping Contract, Hillsborough County, FL. *Project Manager* for this on-going annual contract to provide aerial photography and photogrammetric mapping for the County. County furnished control is utilized to complete aerial triangulation, photogrammetric mapping, and digital orthophotos production. Aerial photography has been acquired at two scales: 1"=400' for photogrammetric mapping and planimetric base mapping updates and 1"=1,000' for digital orthophotos. To date, approximately 72 square miles have been mapped.

1505 Hazelwood Dr. / Orlando, FL chris.moore@gp-radar.com / 321.331.2127 D.O.B. 02/17/1982

Education

• Certified GPR Technician (GSSI)

Certified July 2006

• The University of Toledo, Toledo, OH

Bachelors of Business Administration

Major: Marketing Minor: Entrepreneurship

Graduated May 2005

Experience

- Ground Penetrating Radar Systems, Inc. Sylvania, MI
 Regional Director of Southeast United States (June 2006 Present)
 - Effectively and accurately provide ground penetrating radar services to current and new customers.
 - Provide leadership and oversight for 5+ regional managers and technicians around the Gulf Coast.
 - Plan and cast vision for the Florida/Gulf Coast division of GPRS, Inc.
 - Provide customer service to existing customers through excellence in GPR data interpretation, report generation and customer relations.
 - Generate marketing and sales strategies for expanding business opportunities.
 - Develop/grow the Southeast US market (primarily Florida) to be a successful and profitable business venture.
- Décor Architectural Products Toledo, OH Sales/Marketing (January 2005 – June 2006)
 - Created and developed marketing materials for this small business venture. The sales
 and marketing materials developed were used for all major sales efforts as well as
 web based applications.
 - Gained a working knowledge of small business sales and marketing practices and developed organizational skills needed for the industry.
 - Honed analytical and leadership skills through asset management, personnel management and general office management.
- Aston Rentals Sylvania, OH

Apartment Manager (June 2003 – May 2005)

- Managed and maintained roughly 100 apartments.
- Developed management skills in a high pressure and fast paced atmosphere
- Developed sales materials to inform potential renters and work to attain sales.
- Managed apartment personnel.

Education

- Certified GPR Technician (GSSI)
 - o Certified July 2007
- Staking University
 - o Certificate of Locating Competency
 - Certified April 2008
- Post-Tensioning Institute (PTI)
 - Level 1 Certifications
 - Certified December of 2011

Experience

- Ground Penetrating Radar Systems, Inc. Toledo, OH
 Regional Manager of Southeast Florida (September 2010 Present)
 - Effectively and accurately provide ground penetrating radar services to current and new customers.
 - Provide customer service to existing customers through excellence in GPR data interpretation, report generation and customer relations.
 - Generate marketing and sales strategies for expanding business opportunities.
 - Develop/grow the Southeast US market (primarily Southeast Florida) to be a successful and profitable business venture.
- ABC Concrete Cutting and Coring Miami, FL
 Lead GPR Technician and Manager (September 2007 September 2010)
 - Created and developed GPR business
 - Lead manager of the GPR division of ABC
 - o Developed business through interpersonal sales skills and GPR services excellence
 - Trained and Certified as an expert GPR Technician in areas of:
 - Concrete Surveys
 - o Utility Surveys
 - o Void Surveys
 - o Environmental Survey
 - Honed analytical and leadership skills through training and management of additional GPR technicians
- Speedy Concrete Cutting Miami, FL

Field Technician and Specialist (May 2002 - September 2007)

- Responsible for performing daily duties as assigned by Speedy Office including:
 - Typical Concrete Cutting Projects
 - o Complex Concrete Cutting Projects (requiring skill and creativity)
- Developed strong work ethic and ability to work under authority
- Developed detailed knowledge of concrete construction industry
- Responsible for \$60-\$80k of company property (Truck and Cutting Equipment)

ABILITY TO PERFORM SERVICES

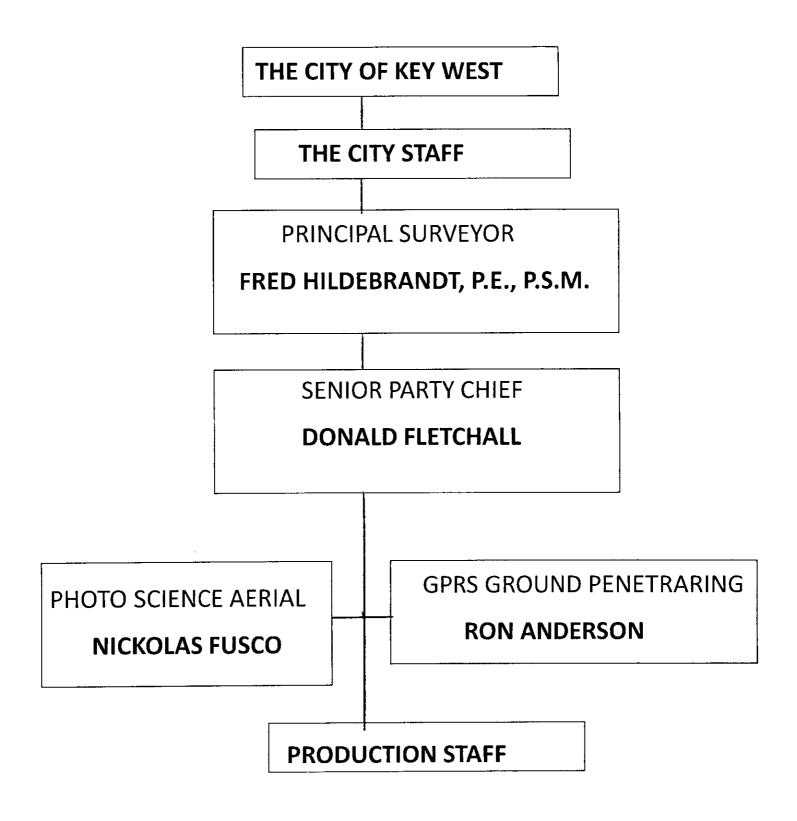
MANAGEMENT APPROACH

Island Surveying, Inc. has worked in Key West for 37 years. We always have taken hands on attitude. Since F.H. Hildebrandt or Island Surveying has surveyed in the keys for such a long time, our company has extensive records and knowledge of the City and the Florida Keys. This saves time and money for the client. We have a commitment to give 100% on all jobs.

Island Surveying Inc. has and will approach all projects by first listening to what the client wants. To review the scope of work, first in the office and then on the site. Large projects will require numerous visits to the job site. Once the survey is finished on paper, it is reviewed on the site, to see if all is correct. Changes will be made if needed before it is handed over to the client.

Management approach to each project

- Meet with client to discuss project and cost
- · Go to site, review details with client
- Provide client with cost and time
- Review property deeds and title search if deeded
- Begin field survey
- Provide, aerial, underground location and GIS if needed
- Prepared survey in office
- Review survey for any errors on site
- Review survey with client and correct any errors





ISLAND SURVEYING INC. Is located in the heart of new town.

3152 North side Drive Suite 201 Key West, Fl. 33040 (305) 293-0466

Island Surveying Inc. is within 2 miles of anywhere in Key West

CITY FORMS

ANTI-KICKBACK AFFIDAVIT

STATE OF FLORIDA)		
COUNTY OF MONIOE	: SS)		
I, the undersigned hereby duly sw this RFQ will be paid to any em reward or gift, directly or indirec- corporation.	aployees of the City	of Key West as a co	ommission, kickback,
	•	Ву:	<u>A</u>
Sworn and subscribed before me	this	VIII.	inimining.
24 day of Joly Motary Public, State of Flor	, 20 <u>/Z</u> .	MINIMAN MELINON MANAGES AND AND MANAGES AND	EXPIRE C 2013 Solve Fig. 10 PO F
My Commission Expires:		- "Min	OTARY PUBLICATION

SWORN STATEMENT UNDER SECTION 287.133(3)(a) FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

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

| 1. | This sworn statement is submitted with RFQ,RFP,Bid or Contract No. RFQ - 12-004                       |  |  |  |  |  |  |  |
|----|-------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
|    | for SUNUEYING SENVILES                                                                                |  |  |  |  |  |  |  |
| 2. | This sworn statement is submitted by JSLMnd SURVEYING TWC (Name of entity submitting sworn statement) |  |  |  |  |  |  |  |
|    | (Name of entity submitting sworn statement)                                                           |  |  |  |  |  |  |  |
|    | whose business address is 3152 Nonths. de Drive                                                       |  |  |  |  |  |  |  |
|    | 50,40 and (if applicable) its Federal                                                                 |  |  |  |  |  |  |  |
|    | Employer Identification Number (FEIN) is 26-316-2506 (If the entity has no FEIN                       |  |  |  |  |  |  |  |
|    | include the Social Security Number of the individual signing this sworn statement.)                   |  |  |  |  |  |  |  |
| 3. | My name is Frederick H. H. Hildebrun H. and my relationship to                                        |  |  |  |  |  |  |  |
|    | (Please print name of individual signing)                                                             |  |  |  |  |  |  |  |
|    | the entity named above is OWNER.                                                                      |  |  |  |  |  |  |  |
|    |                                                                                                       |  |  |  |  |  |  |  |

- 4. 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 with 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, material misrepresentation.
- 5. 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 guilt, in any federal or state trial court of record relating to charges brought by indictment information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
- 6. 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 t 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 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.
- 7. I understand that a "person" as defined in Paragraph 287.133(1)(8), 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.

| 8.         | Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|            | The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND (Please indicate which additional statement applies.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|            | There has been a proceeding concerning the conviction before a hearing of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|            | The person or affiliate was placed on the convicted vendor list. Them has been a subsequent proceeding before a hearing officer of the Sate of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|            | The person or affiliate has not been put on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)  (Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| 0.000.4.00 | EOF Florida (Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| COU        | VIY OF 1905/0E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| PERS       | ONALLY APPEARED BEFORE ME, the undersigned authority,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|            | (Name of individual signing) who, after first being sworn by me, affixed his/her signature in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| space      | provided above on this 24 day of July ,20 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|            | mmission expires: ARY PUBLIC  EXPIRES 2013  EXPIRES 2013  EXPIRES 2013  EXPIRES 2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|            | NOTARY PUBLICATION OF THE PROPERTY OF THE PROP |

### EQUAL BENEFITS FOR DOMESTIC PARTNERS AFFIDAVIT

| STATE OF FLORIDA                                                                    | )                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |
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|                                                                                     | : <b>S</b> S                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |
| COUNTY OF MONTO                                                                     | ٤)                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |
| I, the undersigned hereby<br>provides benefits to dome<br>to employees' spouses per | suc partners of its employe | ay that the firm of TSLAND SUNVEYING yees on the same basis as it provides benefits ance Sec. 2-799.  By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | INC. |
| Sworn and subscribed bef                                                            | ore me this                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |
| day of Julie Ale                                                                    | (ly ,2017)                  | A SOLUTION OF SECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |
| NOTARY PUBLIC, State                                                                | of Florida at Large         | MELIN<br>MELIN<br>MELIN<br>MELIN<br>MELIN<br>MELIN<br>MELIN<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE<br>MENTE |      |
| Му                                                                                  | Commission Expires:         | NOTARY PUBLICATION OF THE PROPERTY OF THE PROP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |



### CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 12/13/2011

3/29/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

| cer                                                                                                                                             | tificate holder in lieu of such endors                                                                                             | semer          | ıt(s).                                                                                                                                                         |                                                                          |                                      |                                           |                                   | no continuate dods not c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Oille     | rights to the |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------|-------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|
| PRODU                                                                                                                                           |                                                                                                                                    | -DV//          | 250                                                                                                                                                            |                                                                          | CONTA<br>NAME:                       | ст                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |
| TALBERT INSURANCE SERVICES                                                                                                                      |                                                                                                                                    |                | PHONE (A/C, No. Ext): (770)497-9400 FAX (A/C, No.): (770)813-8535                                                                                              |                                                                          |                                      |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |
| 3473 Satellite Blvd.                                                                                                                            |                                                                                                                                    |                |                                                                                                                                                                | E-MAIL<br>ADDRESS: Ltalbert@talbertservices.com                          |                                      |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |
|                                                                                                                                                 | Suite 114                                                                                                                          |                |                                                                                                                                                                |                                                                          | INSURER(S) AFFORDING COVERAGE NAIC # |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |
| Duluth, GA 30096                                                                                                                                |                                                                                                                                    |                | INSURER A: Auto Owners Insurance- FL                                                                                                                           |                                                                          |                                      |                                           |                                   | 18988                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |               |
| INSURED Island Surveying, Inc.                                                                                                                  |                                                                                                                                    |                |                                                                                                                                                                | INSURER B: Twin City Fire Insurance Company                              |                                      |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |
|                                                                                                                                                 |                                                                                                                                    |                |                                                                                                                                                                | INSURER C: Hanover Professional 23841                                    |                                      |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |
| Fred Hildebrandt<br>3152 Northside Drive                                                                                                        |                                                                                                                                    |                |                                                                                                                                                                | INSURER D :                                                              |                                      |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |
| Suite 200                                                                                                                                       |                                                                                                                                    |                |                                                                                                                                                                | INSURER E :                                                              |                                      |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |
| Key West, FL 33040                                                                                                                              |                                                                                                                                    |                |                                                                                                                                                                | INSURER F:                                                               |                                      |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |
| COVI                                                                                                                                            | ERAGES CER                                                                                                                         | TIFIC          | ATE                                                                                                                                                            | NUMBER:                                                                  |                                      | _                                         |                                   | REVISION NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | *******       |
| CEI:<br>EXC                                                                                                                                     | S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY RI<br>RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH | PERT.<br>POLIC | EME<br>AIN,<br>IES. I                                                                                                                                          | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE E | OF AN                                | IY CONTRACT<br>THE POLIC!!<br>EDUCED BY P | OR OTHER ES DESCRIBE PAID CLAIMS. | DOCUMENT WITH RESPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CT TO     | WHICH THIS    |
| INSR<br>LTR                                                                                                                                     | TYPE OF INSURANCE                                                                                                                  | ADDL<br>INSR   | WVD                                                                                                                                                            | POLICY NUMBER                                                            |                                      | POLICY EFF<br>(MM/DD/YYYY)                | POLICY EXP<br>(MM/DD/YYYY)        | LIMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | S         |               |
| 10                                                                                                                                              | GENERAL LIABILITY                                                                                                                  |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   | EACH OCCURRENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$1,00    | 0,000         |
| A                                                                                                                                               | COMMERCIAL GENERAL LIABILITY                                                                                                       |                |                                                                                                                                                                | 48-988125                                                                |                                      | 04/22/2011                                | 04/22/2012                        | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$ 100    | 0,000         |
| ļ_                                                                                                                                              | CLAIMS-MADE X OCCUR                                                                                                                |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   | MED EXP (Any one person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ 10,000 |               |
| 1.                                                                                                                                              |                                                                                                                                    |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   | PERSONAL & ADV INJURY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$1,00    | 0,000         |
| 1.                                                                                                                                              |                                                                                                                                    | 200            |                                                                                                                                                                |                                                                          |                                      |                                           |                                   | GENERAL AGGREGATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$2,00    | 0,000         |
|                                                                                                                                                 | BEINE AGGINEONIE LIMIT AFFEICSTEIL                                                                                                 | 10.37          |                                                                                                                                                                |                                                                          |                                      |                                           |                                   | PRODUCTS - COMP/OP AGG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$2,00    | 0,000         |
|                                                                                                                                                 | POLICY PRO-                                                                                                                        |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   | CONTRACTOR OF THE CONTRACTOR O | \$        |               |
| . 1                                                                                                                                             | AUTOMOBILE LIABILITY                                                                                                               |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   | COMBINED SINGLE LIMIT<br>(Ea accident)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$1,00    | 0,000         |
| A                                                                                                                                               | ANY AUTO                                                                                                                           |                |                                                                                                                                                                | 48-988125                                                                |                                      | 04/22/2011                                | D4/22/2012                        | BODILY INJURY (Per person)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$        |               |
|                                                                                                                                                 | ALL OWNED SCHEDULED AUTOS                                                                                                          | 1              |                                                                                                                                                                |                                                                          |                                      |                                           |                                   | BODILY INJURY (Per accident)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$        |               |
| 2                                                                                                                                               | HIRED AUTOS NON-OWNED AUTOS                                                                                                        |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   | PROPERTY DAMAGE<br>(Per socident)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$        |               |
|                                                                                                                                                 |                                                                                                                                    |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$        |               |
| :                                                                                                                                               | UMBRELLA LIAB OCCUR                                                                                                                |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   | EACH OCCURRENCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$        |               |
| -                                                                                                                                               | EXCESS LIAB CLAIMS-MADE                                                                                                            |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   | AGGREGATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5         |               |
|                                                                                                                                                 | DED RETENTION \$                                                                                                                   |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$        |               |
|                                                                                                                                                 | NORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                                                      |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   | WC STATU-<br>TORY LIMITS ER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |               |
| D :/                                                                                                                                            | WY PROPRIETOR/PARTNER/EXECUTIVE                                                                                                    | N/A            | i                                                                                                                                                              | 20WECZH5653                                                              |                                      | 10/18/2011                                | 10/18/2012                        | E.L. EACH ACCIDENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$1,00    | 0,000         |
| 1                                                                                                                                               | DFFICER/MEMBER EXCLUDED? Mandatory in NH)                                                                                          |                | 2011202110000                                                                                                                                                  |                                                                          |                                      |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |
|                                                                                                                                                 | f yes, describe under<br>DESCRIPTION OF OPERATIONS below                                                                           |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   | E.L. DISEASE - POLICY LIMIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s1,00     | 0,000         |
|                                                                                                                                                 | Professional                                                                                                                       |                |                                                                                                                                                                | L1A8840555                                                               |                                      | 08/13/2011                                | 08/13/2012                        | Each Claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | 00,000        |
| . 1                                                                                                                                             | Liability                                                                                                                          |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   | Aggregate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$2,0     | 00,000        |
| i                                                                                                                                               |                                                                                                                                    |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) FAX: (305) 293-0237 |                                                                                                                                    |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |
|                                                                                                                                                 |                                                                                                                                    |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |
|                                                                                                                                                 |                                                                                                                                    |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |
| CERT                                                                                                                                            | TIFICATE HOLDER                                                                                                                    |                |                                                                                                                                                                |                                                                          | CANO                                 | ELLATION                                  |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |
|                                                                                                                                                 |                                                                                                                                    |                |                                                                                                                                                                |                                                                          |                                      |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |
| For Quoting Purposes only.                                                                                                                      |                                                                                                                                    |                | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                                                                          |                                      |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |
| l l                                                                                                                                             |                                                                                                                                    |                |                                                                                                                                                                | AUTHORIZED REPRESENTATIVE                                                |                                      |                                           |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |               |

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Larry Talbert, II

### CITY OF KEY WEST, FLORIDA

### **Business Tax Receipt**

This Document is a business tax receipt Holder must meet all City zoning and use provisions. P.O. Box 1409, Key West, Florida 33040 (305) 809-3955

Business Name HILDEBRANDT, F.H. (ENGINEER) CtlNbr:0004844

Location Addr 3152 NORTHSIDE DR

Lic NBR/Class 12-00021976 SERVICE - PROFESSIONAL

Issue Date: December 12, 2011 Expiration Date: September 30, 2012

License Fee \$309.75
Add. Charges \$0.00
Penalty \$0.00
Total \$0.00
Comments: ENGINEER

This document must be prominently displayed.
HILDEBRANDT, F.H.

HILDEBRANDT, F.H. (ENGINEER)

3152 NORTHSIDE DR

KEY WEST FL 33040

### CITY OF KEY WEST, FLORIDA

### **Business Tax Receipt**

This Document is a business tax receipt Holder must meet all City zoning and use provisions. P.O. Box 1409, Key West, Florida 33040 (305) 809-3955

Business Name HILDEBRANDT, F.H. (SURVEYOR) CtlNbr:0004840

Location Addr 3152 NORTHSIDE DR

Lic NBR/Class 12-00021975 SERVICE - PROFESSIONAL

Issue Date: December 12, 2011 Expiration Date: September 30, 2012

License Fee \$309.75
Add. Charges \$0.00
Penalty \$0.00
Total \$0.00

Comments: SURVEYOR

This document must be prominently displayed.
HILDEBRANDT, F.H.

HILDEBRANDT, F.H. (SURVEYOR)

3152 NORTHSIDE DR

KEY WEST FL 33040



### Florida Department of Agriculture and Consumer Services Division of Consumer Services Board of Professional Surveyors and Mappers 2005 Apalachee Pkway Tallahassee, Florida 32399-6500

License No.: LB7700

Expiration Date: February 28, 2013

## Professional Surveyor and Mapper Business License

Under the provisions of Chapter 472, Florida Statutes

ISLAND SURVEYING INC 3152 NORTHSIDE DRIVE KEY WEST, FL 33040

ADAM H. PUTNAM
COMMISSIONER OF AGRICU

COMMISSIONER OF AGRICULTURE

This is to certify that the professional surveyor and mapper whose name and address are shown above is licensed as required by Chapter 472. Florida Statutes.



Florida Department of Agriculture and Consumer Services
Division of Consumer Services
Board of Professional Surveyors and Mappers
2005 Apalachee Pkway Tallahassee, Florida 32399-6500

License No.: LS2749

Expiration Date: February 28, 2013



**EXPIRATION: 2/28/2013** IS LICENSED AS A PROFESSIONAL ENGINEER UNDER CHAPTER 471, FLORIDA STATUTES P.E. LIC. NO:

AUDIT NO: 228201318720

36810

## State II HIIII

is authorized under the provisions of Section 471,023, Florida Statutes, to offer engineering services Island Surveying Inc.

to the public through a Professional Engineer authorised under Chapter 471, Florida Statutes.

Expiration: 28-FEB-11

Audit No:

22820115064 D

Certificate of Authorization
DISPLAY AS REQUIRED BY LAW

CA No: 28302



### Awards

1.2 Continuing Education Units

to

### Ron A. Anderson

For satisfactory completion of 12 hours of organized instruction in Level 1 Field Fundamentals for Unbonded Post-Tensioning

held at

Orlando, FL December 11-12, 2010

Theodore L. Neff,

Executive Director, Post-Tensioning Institute



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## The World Leader in Subsurface Imaging TM

Certifies that:

### Ron Anderson

Subsurface Interface Radar in Engineering and Geophysical Investigations. Completed a Training Course in the Theory and Practice of Applying

StructureScan Optical

July 23 - 25, 2007

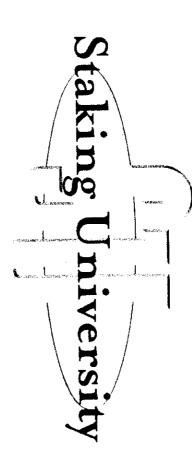
President

Training Manager

Geophysical Survey Systems, Inc., 12 Industrial Way, Salem, NH 03079 USA TEL: 603.893.1109 FAX: 603.889.3984

www.geophysical.com

# Certificate of Locating Competency



### Ron Anderson

indicating a thorough knowledge of electro-magnetic locating instruments Has attended training and passed a practical examination (04/14-16/2008) Given this 16th day of April 2008

Valid for two years from the attendance date

Staking University Records Administrator



Florida L artment of Agriculture and Consumer Ser. Division of Consumer Services Board of Professional Surveyors and Mappers 2005 Apalachee Pkway Tallahassee, Florida 32399-6500 800HELPFLA(435-7352) or (850) 488-2221

December 13, 2010

GMR AERIAL SURVEYS INC 2670 WILHITE DR LEXINGTON, KY 40503-3302

SUBJECT: Professional Surveyor and Mapper Business Certificate # LB7058

Your application / renewal as a professional surveyor and mapper business as required by Chapter 472, Florida Statutes, has been received and processed.

The license appears below and is valid through February 28, 2013.

You are required to keep your information with the Board current. Please visit our website at www.800helpfla.com/psm to create your online account. If you have already created your online account, you can use the website to maintain your license. You can also find other valuable information on the website.

If you have any questions, please do not hesitate to call the Division of Consumer Services, Board of Professional Surveyors and Mappers at 800-435-7352 or 850-488-2221.

Detach Here



Florida Department of Agriculture and Consumer Services **Division of Consumer Services Board of Professional Surveyors and Mappers** 2005 Apalachee Pkway Tallahassee, Florida 32399-6500

License No.:

LB7058

Expiration Date: February 28, 2013

### Professional Surveyor and Mapper Business License

Under the provisions of Chapter 472, Florida Statutes

**GMR AERIAL SURVEYS INC** DBA: PHOTO SCIENÇE INC 2670 WILHITE DR **LEXINGTON, KY 40503-3302** 

CHARLES H. BRONSON

COMMISSIONER OF AGRICULTURE

Charles H. Bronson

### State of Florida Department of State

I certify from the records of this office that GMR AERIAL SURVEYS, INC. is a corporation organized under the laws of Kentucky, authorized to transact business in the State of Florida, qualified on October 15, 1997.

The document number of this corporation is F97000005420.

I further certify that said corporation has paid all fees due this office through December 31, 2012, that its most recent annual report was filed on January 30, 2012, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Thirty First day of January, 2012

Secretary of State



Authentication ID: 300219979913-013112-F97000005420

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html



### Florida Department of Agriculture and Consumer Services **Division of Consumer Services Board of Professional Surveyors and Mappers** 2005 Apalachee Pkway Tallahassee, Florida 32399-6500

License No.:

LS6452

Expiration Date: February 28, 2013

### Professional Surveyor and Mapper License

Under the provisions of Chapter 472, Florida Statutes

NICKOLAS RICHARD FUSCO 6212 BORDEAUX CIR SANFORD, FL 32771-6406

> CHARLES H. BRONSON COMMISSIONER OF AGRICULTURE

Charles H Bronson

This is to certify that the professional surveyor and mapper whose name and address are shown above is licensed as required by Chapter 472, Florida Statutes.

State of Florida Photo Science

Is authorized under the provisions of Section 171.023. Florida Statutes, to offer engineering services to the public through a Professional Engineer duly be used under Chapter 471, Florida Statutes.

### Certificate of Authorization

EXPIRATION: 2/28/2013

AUDIT NO: 228201302665

CA. LIC. NO:

9632

### OTHER INFORMATION

### REFERENCES

### **KEY WEST HOUSING AUTHORITY**

Manuel Castillo Executive Director 1400 Kennedy Drive Key West, Florida (305) 2196-5621

96 unit affordable housing project, Roosevelt Gardens, Key West, Fl. (Completed 2000) New 44 unit affordable housing project, Bahama Village, Key West, Fl. (Completed 2002) Porter Place, Eaton Street, Key West, Fl.

### **OLD TOWN DEVELOPMENT**

Mr. Edwin O. Swift, III 201 Front Street, Suite 310 Key West, Fl. 33040 (305) 294-4112

Numerous projects, including 102 unit affordable housing project (old dog track), Meridan West, Stock Island, Fl.

Steam Plant and Railway village, Trumbo Road, Fl. Condominiums Key Haven Estates, Key Haven, Platted subdivision

### **SINGH PROPERTIES**

Pritam Singh 1010 Kennedy Drive Key West, Fl. 33040 (305) 296-2126

Key West Golf Course, 390 unit development Parrot Key, No. Roosevelt Blvd. 74 unit resort Truman Annex, 425 unit development Roosevelt Annex, 25 unit development

### **BOY SCOUTS OF AMERICA**

John Anthoney, Executive Director 15255 N.W. 82<sup>nd</sup>. Avenue Miami Lakes, Fl. 33016 (305) 364-0020

Summerland Key, Boy Scout Camp West Summerland Key, Boy Scout Camp

### **REFERENCES**

### MONROE COUNTY SCHOOL BOARD

Len Rhodus, Building Official
241 Trumbo Road
Key West, Fl. 33040
(305) 797-0263
HOB School
Sugarloaf School
Key West High School
Glen Archer School

### **SPOTTSWOOD COMPANIES**

Robert Spottswood 500 Fleming Street Key West, Fl. 33040 (305) 294-6100

Holiday Inn, Beach Side, North Roosevelt Blvd., Key West Hyatt time shearing, U.S. No. 1, Key West, Fl. All hotels between Days Inn and Comfort Inn Holiday Inn Express, U.S. No. 1, Marathon, Fl. Faro Blano Resort, U.S. No. 1, Marathon, Fl.