

**BIDDER CHECKLIST**

This checklist is provided to assist each Bidder in the preparation of their bid response. Included in this checklist are important requirements, which is the responsibility of each Bidder to submit with their response in order to make their response fully compliant. This checklist is only a guideline it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

- 1. Carefully read and become familiar with the Instructions to Bidders, General Provisions, Special Conditions and Technical Provisions, Permits, Inspections Reports, Surveys and Insurance Requirements.
- 2. Fill out and sign **Bid Form (acknowledge addenda, bond information, subcontractors and suppliers, if applicable).**
- 3. Fill out **Bid Price Schedule (unit prices must be filled in every block).** Excel Spreadsheet, do not PDF on USB Drive.
- 4. Fill out and sign the **Statement of Organization** and have it properly notarized.
- 5. Provide **State of Florida Registration (<http://www.sunbiz.org/search.html>)** - See attachment, 1
- 6. Fill out and sign the **Non-Collusive Affidavit** and have it properly notarized.
- 7. Fill out and sign the **Conflict of Interest Form**
- 8. Fill out the **Reference Form**
- 9. Fill out and Sign the **Vendor Drug Free Workplace Form.**
- 10. Fill out and Sign the **ONE (1) of the Local Preferences, if applicable, Read Completely** - N/A
- 11. Fill out and sign **Public Entity Crime Information**
- 12. Fill out and sign **No Lobbying Affidavit**
- 13. Provide **USB drive** (pdf of submittal and excel spreadsheet of Bid Price Schedule)
- 14. Fill out and sign the **SWORN STATEMENT: THE FLORIDA TRENCH SAFETY ACT**
- 15. Fill out, sign and notarize the **Scrutinized Company Certification Form**
- 16. Provide **any additional documentation requested** within the Bid Document.
- 17. Provide **BID BOND with Bid Packet. Use the City of North Port Form.**
- 18. **Submit ONE (1) Original AND ONE (1) Copy of submittal.**
- 19. **CREDIT CARDS** Does your company accept Credit Card Payments? (Credit card payments will be processed upon the City's inspection and acceptance of goods/services and receipt of invoice for payment. The City will not pay fees for credit card transactions).  
 YES     NO
- 20. Clearly mark the sealed bid with the **BID NUMBER AND BID NAME** on the outside of the package.

City of North Port  
 Finance Department/Purchasing Division  
 Keith Raney, Contract Administrator II  
 4970 City Hall, Suite 337  
 North Port, Florida 34286  
 RFB NO. 2020-38

Date: 2/12/2020

Signed (Person authorized to bind the company): 

Name (printed): Jovan Zepceurki Title: President

**(THIS PAGE MUST BE COMPLETED AND SUBMITTED)**

**BID FORM**

**(THIS PAGE MUST BE COMPLETED AND SUBMITTED)**

Name of Bidder: ZEP Construction, Inc

Business Address: 7802 Jean Blvd.  
Fort Myers, FL 33967

Telephone Number: (239) 267-8778 Fax Number: (239) 267-7907

E-mail Address: zepcon@aol.com

Contractor License #: CGC051862

FEID #: 59-1448314

To the City Commission of the City of North Port pursuant to and in compliance with your notice inviting sealed bids (Invitation to Bid), Instructions to Bidders, and the other documents relating thereto, the undersigned bidder, having familiarized himself/herself with the terms of the Contract documents, local conditions affecting the performance of the Contract, and the cost of the work at the place where the work is to be done, hereby proposes and agrees to perform within the time stipulated in the Contract, including all of its component parts and everything required to be performed, and to provide and furnish any and all of the labor, material, tools, expendable equipment, and all utility and transportation services and design of certain items necessary to perform the Contract and complete in a workmanlike manner, all of the work required in connection with the construction of said work all in strict conformity with the plans and specifications and other Contract documents for the prices hereinafter set forth.

The undersigned, as bidder, does hereby declare that he has read the Request for Bids, Instructions to Bidders, General Provisions, Special Provisions, Technical Specifications & Conditions, Insurance Requirements, Bid Form, Permit Fees, Plan Revisions, Plans, grants, geotechnical reports and any other documentation for:

and further agrees to furnish all items listed on the attached Bid Form in accordance with the Lump Sum line items as indicated on the bid schedule form submitted. The above specified documents are herein incorporated into the Bid Form.

The undersigned as bidder, declares that the only persons or parties interested in this submittal as principals are those named herein; that this submittal is made without collusion with any person, firm, or corporation; and he/she proposes and agrees, if the proposal is accepted, that he/she will execute a Contract with the City in the form set forth in the Contract documents and that he/she will accept in full payment thereof the following prices, to wit:

**TOTAL BID PRICE:**

One Hundred & Thirty Nine Thousand, Nine Hundred & Fifty Three Dollars. \$ 139,953.<sup>00</sup>  
(TYPE/PRINT) Fifty Three Dollars. (NUMERIC)

Through the signing of this Bid Form, Bidder attests his/her bid is guaranteed for a period of not less than **NINETY (90) DAYS** from the date of the official bid opening.

Date: 2/12/2020

Signed (Person authorized to bind the company): Jovan Zeprowski  
Name (printed): Jovan Zeprowski Title: President

**ADDENDA AND BOND FORM**

The undersigned acknowledges receipt of the following addenda, and the cost, if any, of such revisions has been included in the bid price.

Addendum No.	1	Dated	1/22/20	Addendum No.		Dated	
Addendum No.	2	Dated	1/30/20	Addendum No.		Dated	
Addendum No.	3	Dated	2/3/20	Addendum No.		Dated	
Addendum No.	4	Dated	2/6/20	Addendum No.		Dated	

**BID BOND AND PERFORMANCE/PAYMENT BOND**

**BID BOND: ACCOMPANYING THIS PROPOSAL IS** "bidder's bond"  
 (insert: "cash", "bidder's bond", or "certified check", as the case may be) in an amount equal to at least 5% of the total amount of the bid, payable to the City of North Port. Cashier's checks will be returned to all bidders after award of bid. When supplying a bid bond please use the attached bid bond form.  
**Note: Failure to submit a bid bond will be cause for rejection of bid.**

The undersigned deposits the above-named security as a proposal guarantee and agrees that it shall be forfeited to the City as liquidated damages in case this proposal is accepted by the City and the undersigned fails to execute a contract with the City as specified in the contract documents accompanied by the required labor and material and faithful performance bonds with sureties satisfactory to the City, and accompanied by the required certificates of insurance coverage. Should the City be required to engage the services of an attorney in connection with the enforcement of this bid, bidder promises to pay City's reasonable attorneys' fees incurred with or without suit.

The undersigned agrees, if awarded this bid, to furnish a Performance and Payment Bond in the amount of 100% of the total project price within ten (10) calendar days after notification of award to the Purchasing Department. The undersigned shall be responsible and bear all costs associated to record Performance and Payment Bond with Sarasota County Clerk's Office. Receipt of said recording and a certified copy of the Bond shall be furnished to the Purchasing Division at the time of the pre-construction meeting.

**All contract documents (i.e.; performance and payment bond, cashier's check, bid bond) shall be in the name of "City of North Port".**

Date: 2/12/2020  
 Signed (Person authorized to bind the company):   
 Name (printed): Jovan Zepcewski Title: President

**(THIS PAGE MUST BE COMPLETED AND SUBMITTED)**

**BID SCHEDULE - SUMMARY OF PAYITEMS**  
**(THIS PAGE MUST BE COMPLETED AND SUBMITTED)**

It is understood that the estimated summary of pay item quantities are approximate only and are solely for the purpose of facilitating the comparison of bids, and that the Contractor's compensation shall be computed upon the basis of the actual quantities in the completed work, whether they be more or less than those shown.

**Preparation of Bid Schedules:** Contractor MUST use the bid schedule below (DO NOT RECREATE THIS FORM). All blank spaces in the Bid Form must be filled in legibly. *Bidder should not reference the words "No Charge, N/A, included, dash, etc." in any of the blocks. Bidder must identify a monetary amount for each UNIT PRICE line item and the extended price (unless the unit price is "x" out by the City). If bidder is not providing a bid price for an item, zero (0) must be designated on that line item. Failure to identify a monetary amount in any of the UNIT PRICE line items may cause bidder to be deemed non-responsive and bid response be rejected.* In case of discrepancy between unit price and extended price, the unit price will govern. Apparent errors in extension will be corrected.

MCWTP Structural Rehabilitation Project - Phase I					
ITEM NO.	DESCRIPTION	ESTIMATED QUANTITY	UNIT	UNIT PRICE	AMOUNT
<b>PART 1: GENERAL CONDITIONS</b>					
1A	Mobilization, not to exceed 5% of balance of bid	1	LS	3,000. <sup>00</sup>	\$ 3,000. <sup>00</sup>
1B	Bonds & Insurance	1	LS	9,000. <sup>00</sup>	\$ 9,000. <sup>00</sup>
1C	Pre-Construction Video	1	LS	1,075. <sup>00</sup>	\$ 1,075. <sup>00</sup>
1D	Testing and Laboratory Services	1	LS	1,700. <sup>00</sup>	\$ 1,700. <sup>00</sup>
1E	As-Built Drawings	1	LS	2,500. <sup>00</sup>	\$ 2,500. <sup>00</sup>
				<b>SUB-TOTAL</b>	<b>\$ 17,275.<sup>00</sup></b>
ITEM NO.	DESCRIPTION	ESTIMATED QUANTITY	UNIT	UNIT PRICE	AMOUNT
<b>PART 2: FLOCCULATION TANK NO. 1</b>					
2A	New Aluminum toeboard	216	LF	38. <sup>00</sup>	\$ 8,208. <sup>00</sup>
2B	Concrete Repair Mortar (Walls and Slab)	1,980	SQ FT	40. <sup>00</sup>	\$ 79,200. <sup>00</sup>
2C	NSF 61 Coating (Walls and Slab)	1,980	SQ FT	15. <sup>00</sup>	\$ 29,700. <sup>00</sup>
2D	Crack Repair	50	LF	88. <sup>00</sup>	\$ 4,400. <sup>00</sup>
2E	Spalled Concrete Repair	10	SQ FT	117. <sup>00</sup>	\$ 1,170. <sup>00</sup>
				<b>SUB-TOTAL</b>	<b>\$ 122,678.<sup>00</sup></b>
<b>BID SUMMARY</b>					
				Part 1 Subtotal	\$ 17,275. <sup>00</sup>
				Part 2 Subtotal	\$ 122,678. <sup>00</sup>
				<b>BID TOTAL</b>	<b>\$ 139,953.<sup>00</sup></b>

Date: 2/12/2020

Signed (Person authorized to bind the company): 

Name (printed): Joan Zeprowski Title: President

**EQUIPMENT LIST**

Equipment is located at: 7802 Jean Blvd, Fort Myers, FL 33967

The following is a listing of your equipment, inclusive of manufacturer, year and condition. Condition shall be listed in accordance with the following scale: **1-Excellent; 2-Good; 3-Fair; 4-Poor.** (Attach additional sheets, if required.)

Description	Manufacturer	Year	Condition	Leased/Owned (If leased, date of expiration)
American Crane 7260	American	1979	Good	Owned
"Variety of Owned Equipment"	"Variety of Makes"	Variety	Good	Owned
↳ We own dozens of equipment. Additional list can be provided upon request!!				

**SOURCE OF SUPPLY AND SUBCONTRACTOR FORM**

The following sources of supply and subcontractors shall be used for the **2020-38 MYAKKAHATCHEE CREEK WTP STRUCTURAL REHABILITATION PROJECT PHASE 1 – FLOCCULATION TANK NO. 1 REPAIRS.** If bidder does not have a source of supply or subcontractor, insert "to be determined". When a source or subcontractor is determined, selection will be subject to City approval. (If not applicable, state N/A).

**SUBCONTRACTOR(S)**

**(PLEASE INCLUDE ADDRESS/TELEPHONE NUMBER & E-MAIL)**

- "To be determined"
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**SUPPLIER(S)**

- Paint → Truemecc Company Incorporated.
- Concrete → Argos
- \_\_\_\_\_
- \_\_\_\_\_

Date: 2/12/2020

Signed (Person authorized to bind the company): Jovan Zepceusk

Name (printed): Jovan Zepceusk Title: President

**(THIS PAGE MUST BE COMPLETED AND SUBMITTED)**

QUALIFICATIONS AND REFERENCES

**(THIS PAGE MUST BE COMPLETED AND SUBMITTED)**

The Bidder (Company) shall have been in **COMMERCIAL CONSTRUCTION BUSINESS WITH EXPERIENCE** in projects involving waste water collection infrastructure or other similar structures. Bidder shall demonstrate successful completion of a minimum of three (3) projects completed within the past five (5) years of similar size and scope to the Myakkahatchee Creek WTP structural rehabilitation Project Phase 1 – flocculation tank no. 1 repairs.

1. Business/Customer Name: City of Naples, FL

Name of Contact Person/Title: Travis Delashmet, Proj. Manager

Telephone# (239) 213-7114 Fax (239) 213-7102 E-mail t.delashmet@naples.gov.com

Address 735 8<sup>th</sup> St. S., Naples, FL 34102

Phone Number (239) 213-7100

Duration of Contract or business relationship 07/2018 to 08/2018

Type of Services Provided Naples Pier Restoration, Naples Pier, Collier Co., FL

Contract Period: FROM 07/2018 TO 08/2018

Contract Price \$ 165,000.00 Contract Price at Completion of the Project \$ 165,451.26

2. Business/Customer Name: City of Punta Gorda, FL

Name of Contact Person/Title: Linda Sposito, Proj. Manager

Telephone# (941) 575-5060 Fax (941) 575-3340 E-mail L.Sposito@cityofpuntaordafl.com

Address 326 West Marion Ave, Punta Gorda, FL 33950

Phone Number (941) 575-3366

Duration of Contract or business relationship 08/2018 to 09/2018

Type of Services Provided Pedestrian Bridge Replacement, West Marion Ave, Charlotte Co., FL

3. Business/Customer Name: Sarasota County B.O.C.C.

Name of Contact Person/Title: Art Powell, Proj. Manager

Date: 2/12/2020

Signed (Person authorized to bind the company): Jovan Zepcewski

Name (printed): Jovan Zepcewski Title: President

RFB NO. 2020-38 MYAKKAHATCHEE CREEK WTP STRUCTURAL REHABILITATION PROJECT PHASE 1 – FLOCCULATION TANK NO. 1 REPAIRS

Telephone# (941) 861-0533 Fax (941) 861-0762 E-mail apowell@scgov.net

Address 1001 Sarasota Center Blvd., Sarasota, FL 34240

Contract Period: FROM Early 2016 TO Early 2018

Contract Price \$ 5,900,000.<sup>00</sup> Contract Price at Completion of the Project \$ 5,837,069.<sup>29</sup>

Phone Number (941) 861-0913

Duration of Contract or business relationship 2016 to 2018

Type of Services Provided Myakka River Bridge Replacement, Sarasota Co, FL

Contract Period: FROM Early 2016 TO Early 2018

Contract Price \$ 5,900,000.<sup>00</sup> Contract Price at Completion of the Project \$ 5,837,069.<sup>29</sup>

4. Business/Customer Name: FDOT - District 1

Name of Contact Person/Title: Kevin Daugherty, P.E. Proj. Manager

Telephone# (239) 985-7853 Fax (239) 656-7792 E-mail Kevin.daugherty@dot.state.fl.us

Address 2981 NE Pine Island Rd., Cape Coral, FL 33909

Phone Number (239) 656-7880

Duration of Contract or business relationship Early 2018 to March, 2019

Type of Services Provided Golden Gate Estates, 8<sup>th</sup> St. NE New Bridge Construction, Collier Co, FL

Contract Period: FROM 2018 TO 3/2019

Contract Price \$ 1,200,000.<sup>00</sup> Contract Price at Completion of the Project \$ 1,211,569.<sup>93</sup>

Date: 2/12/2020

Signed (Person authorized to bind the company): Jovan Zeprowski  
Name (printed): Jovan Zeprowski Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

\* Note: More references & hundreds of project details are available upon request.!!

**STATEMENT OF ORGANIZATION**

**(Information Sheet for Transactions and Conveyances Corporation Identification)**

The following information will be provided to the City of North Port for incorporation in legal documents. It is; therefore, vital all information is accurate and complete. Please be certain all spelling, and capitalization is exactly as registered with the state or federal government.

Company Name ZEP Construction, Inc

(239) 267-8778      zepcon@aol.com      (239) 267-7907  
 Telephone #                                      E-Mail                                      Fax #

7802 Jean Blvd.  
 Main Office Address

Fort Myers                                      FL                                      33967  
 City    State                                      Zip Code

Address of Office Servicing City of North Port, if different than above:  SAME AS ABOVE

Office Address

City    State                                      Zip Code

Telephone #                                      E-mail                                      Fax #

Jovan Zepceuski, President  
 Name & Title of Firm Representative

Federal Identification Number: 52-1448314

Bidder shall submit proof that it is authorized to do business in the State of Florida unless registration is not required by law.

*See attachments!*

(Please Check One)

Is this a Florida Corporation:  Yes      or       No

If not a Florida Corporation,  
 In what state was it created: \_\_\_\_\_

Name as spelled in that State: \_\_\_\_\_  
 What kind of corporation is it:  "For Profit" or  "Not for Profit"

RFB NO. 2020-38 MYAKKAHATCHEE CREEK WTP STRUCTURAL REHABILITATION PROJECT PHASE 1 – FLOCCULATION TANK NO. 1 REPAIRS

Is it in good standing:  Yes or  No

Authorized to transact business in Florida:  Yes or  No

State of Florida Department of State Certificate of Authority Document No.: 422245

Does it use a registered fictitious name:  Yes or  No

Names of Officers: President: Jovan Zepcewski Secretary: Jovan Zepcewski

Vice President: Kirk Scribner Treasurer: Jovan Zepcewski

Director: N/A Director: N/A

Other: N/A Other: \_\_\_\_\_

Name of Corporation (As used in Florida): ZEP Construction, Inc.  
(Spelled exactly as it is registered with the state or federal government)

Corporate Address:

Post Office Box: N/A

City, State Zip: N/A

Street Address: 7802 Jean Blvd.

City, State, Zip: Fort Myers, FL 33967

STATE OF Florida

COUNTY OF Lee

Sworn to and subscribed before me this 12<sup>th</sup> day of FEB, 2020 by JOVAN ZEPCEWSKI who  is personally known to me or  has produced his/her driver's license as identification.



Annette V Nizza  
Notary Public - State of Florida  
Print Name: ANNETTE V NIZZA  
Commission No: GG 268980

Date: 2/12/2020

Signed (Person authorized to bind the company): Jovan Zepcewski

Name (printed): Jovan Zepcewski Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)



**CONFLICT OF INTEREST FORM**

F.S. §112.313 places limitations on public officers (including advisory board members) and employees' ability to contract with the City either directly or indirectly. Therefore, please indicate if the following applies:

**PART I:**

- I am an employee, public officer or advisory board member of the City  
\_\_\_\_\_ (List Position Or Board)
- I am the spouse or child of an employee, public officer or advisory board member of the City  
Name: \_\_\_\_\_
- An employee, public officer or advisory board member of the City, or their spouse or child, is an officer, partner, director, or proprietor of Respondent or has a material interest in Respondent. "Material interest" means direct or indirect ownership of more than 5 percent of the total assets or capital stock of any business entity. For the purposes of [§112.313], indirect ownership does not include ownership by a spouse or minor child.  
Name: \_\_\_\_\_
- Respondent employs or contracts with an employee, public officer or advisory board member of the City  
Name: \_\_\_\_\_
- None of The Above

**PART II:**

Are you going to request an advisory board member waiver?

- I will request an advisory board member waiver under §112.313(12)
- I will NOT request an advisory board member waiver under §112.313(12)
- N/A

The City shall review any relationships which may be prohibited under the Florida Ethics Code and will disqualify any bidders whose conflicts are not waived or exempt.

Date: 2/18/2020

Signed (Person authorized to bind the company):   
Name (printed): Jason Zeproski Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

**PUBLIC ENTITY CRIME INFORMATION**

As provided by F.S. §287.133, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a Contractor, supplier, Subcontractor, or Consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

I, Joyan Zepcewski, being an authorized representative of the Respondent ZEP Construction, Inc.

Located at: 7800 Jean Blvd

City: Fort Myers State: FL Zip Code: 33907, have read and understand the contents above. I further certify that Respondent is not disqualified from replying to this solicitation because of F.S. §287.133.

Signature: [Signature] Date: 2/12/2020

Telephone #: (739) 267-8778 Fax #: (739) 267-7907

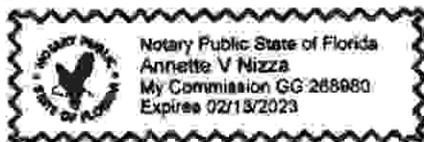
Federal ID #: 59-1498314 E-mail: zepcon@aol.com

State of Florida

County of Lee

Sworn to and subscribed before me this 12<sup>th</sup> day of FEB, 2020 by JOYAN ZEPCEWSKI who  is personally known to me or  has produced his driver's license as identification.

NOTARY SEAL:



[Signature]  
Notary Public - State of Florida

Print Name: ANNETTE V NIZZA

Commission No: GG 218990

Date: 2/12/2020

Signed (Person authorized to bind the company): [Signature]

Name (printed): Joyan Zepcewski Title: President

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)



**DRUG FREE WORKPLACE FORM**

The undersigned Respondent in accordance with Florida Statute §287.087 hereby certifies that ZEP Construction, Inc does:  
(Company Name)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that Respondent complies fully with the above requirements.

**Check one:**

- As the person authorized to sign this statement, I certify that this firm complies fully with above requirements.
- As the person authorized to sign this statement, this firm **does not** comply fully with the above requirements.

  
Signature

Jordan Zeprowski  
Print Name

2/10/2020  
Date

**(THIS PAGE MUST BE COMPLETED AND SUBMITTED)**

**AFFIDAVIT**

**Claiming Status as a LOCAL BUSINESS**

**\*\*CONTRACTOR MUST MEET ALL 4 REQUIREMENTS BELOW TO CLAIM LOCAL BUSINESS STATUS\*\***

State of \_\_\_\_\_

County of \_\_\_\_\_

} SS.

Before me, the undersigned authority, personally appeared:

N/A

who, being first duly sworn, deposes and says that:

1. I am the \_\_\_\_\_ (Owner, Partner, Officer, Representative or Agent) of \_\_\_\_\_, the Bidder that has submitted the attached proposal;

**AND**

2. I am fully informed respecting the operation and employees of the Bidder;

**AND**

3. I affirm that the Bidder has maintained a physical business address located within the limits of Sarasota County, Charlotte County or Desoto County for a period of six (6) months or more before submitting this bid, from which the Bidder operates or performs business. The qualifying local address is \_\_\_\_\_

**AND**

4. I affirm that at least fifty percent (50%) of the Bidder's employees are residents of the City of North Port. If requested by the City, the bidder will be required to provide documentation substantiating the information given in this affidavit. City of North Port reserves the right to request supporting documentation as evidence to substantiate the information given in this affidavit. Failure to do so will result in the bidder's submission being deemed non-responsive.

**Any bidder that misrepresents its status as a local business or North Port local business shall be barred from receiving any City contracts for a period of three (3) years.**

State of Florida

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who  is personally known to me or  has produced his driver's license as identification.

NOTARY SEAL:

\_\_\_\_\_  
Notary Public - State of Florida

Print Name: \_\_\_\_\_

Commission No: \_\_\_\_\_

**This page to be returned ONLY if Contractor is claiming a Local Business Status:**

**{THIS PAGE MUST BE COMPLETED AND SUBMITTED}**

**AFFIDAVIT**

**Claiming Status as a North Port Local Business**

**\*\*CONTRACTOR MUST MEET ALL 4 REQUIREMENTS BELOW TO CLAIM NORTH PORT BUSINESS STATUS\*\***

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS.

Before me, the undersigned authority, personally appeared: \_\_\_\_\_ *N.A.*

who, being first duly sworn, deposes and says that:

1. I am the \_\_\_\_\_ (Owner, Partner, Officer, Representative or Agent) of \_\_\_\_\_, the Bidder that has submitted the attached bid;

**AND**

2. I am fully informed respecting the operation and employees of the Bidder;

**AND**

3. I affirm that the Bidder has maintained its primary physical business address within the limits of the City of North Port for a period of six (6) months or more before submitting this bid, from which the Bidder operates or performs business. The qualifying local address is \_\_\_\_\_

**AND**

4. I affirm that at least fifty percent (50%) of the Bidder's employees are residents of the City of North Port.

If requested by the City, the bidder will be required to provide documentation substantiating the information given in this affidavit. City of North Port reserves the right to request supporting documentation as evidence to substantiate the information given in this affidavit. Failure to do so will result in the bidder's submission being deemed non-responsive.

*Any bidder that misrepresents its status as a local business or North Port local business shall be barred from receiving any City contracts for a period of three (3) years.*

State of Florida  
County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who  is personally known to me or  has produced his driver's license as identification.

NOTARY SEAL:

\_\_\_\_\_  
Notary Public - State of Florida  
Print Name: \_\_\_\_\_  
Commission No: \_\_\_\_\_

**This page to be returned ONLY if Contractor is claiming a North Port Local Business Status.  
(THIS PAGE MUST BE COMPLETED AND SUBMITTED)**

**SWORN STATEMENT: THE FLORIDA TRENCH SAFETY ACT**  
(Complete if applicable)

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC BY AN OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This Sworn Statement is submitted with Bid No. 2020 38 for the construction of Mynnahatchee Creek WTP Structural Rehabilitation Project Phase 1 - Flocculation Tank No. 1 Repairs
2. This Sworn Statement is submitted by ZEP Construction Inc whose business address is 7802 Dean Blvd Fort Myers FL 33967 and (if applicable) its Federal Employer Identification Number (FEIN) is 59-1498314.
3. My name is Jordan Zeprowski  
(PRINTED OR TYPED NAME OF INDIVIDUAL SIGNING) and hold the position of President with the above entity.
4. The Trench Safety Standards that will be in effect during the construction of this Project are Florida Statute Section 553.60-55.64, Trench Safety Act, and OSHA Standard.
5. The undersigned assures that the entity will comply with the applicable Trench Safety Standards and agrees to indemnify and hold harmless the County and ENGINEER, and any of their agents or employees from any claims arising from the failure to comply with said standard.
6. The undersigned has appropriated \$ N/A per linear foot of trench to be excavated over 5' deep for compliance with the applicable standards and intends to comply by instituting the following procedures: N/A
7. The undersigned has appropriated \$ 10.00 per square foot for compliance with shoring safety requirements and intends to comply by instituting the following procedures:  
1 Layer Embankment 1 Bed as needed
8. The undersigned, in submitting this Bid, represents that he or she has reviewed and considered all available geotechnical information and made such other investigations and tests as he or she may deem necessary to adequately design the trench safety system(s) he or she will utilize on this Project.

Jordan Zeprowski President  
Authorized Signature/Title

Sworn to and subscribed before me

this FEBRUARY 12, 2020  
(date)

Annette V Nizza  
Notary Public Signature

My Commission Expires: 2/13/2023

(Notary Seal)



( THIS PAGE MUST BE COMPLETED AND SUBMITTED )



Scrutinized Company Certification Form

Company Name: ZEP Construction, Inc  
Authorized Representative Name and Title: Joyan Zepcewski, President  
Address: 7802 Fern Blvd City: Ford Myers State: FL ZIP: 33967  
Phone Number: (238) 267-8778 Email Address: zepcon@bol.com

A company is ineligible to, and may not, bid on, submit a proposal for, or enter into or renew a contract with the City of North Port for goods or services of any amount if, at the time of bidding on, submitting a proposal for, or entering into or renewing such contract, the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Florida Statutes, section 215.4725, or is engaged in a boycott of Israel.

A company is ineligible to, and may not, bid on, submit a proposal for, or enter into or renew a contract with the City of North Port for goods or services of \$1 million or more if, at the time of bidding on, submitting a proposal for, or entering into or renewing such contract, the company is on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to Florida Statutes, section 215.473, or with companies engaged in business operations in Cuba or Syria.

CHOOSE ONE OF THE FOLLOWING

- This bid, proposal, contract or contract renewal is for goods or services of less than \$1 million. As the person authorized to sign on behalf of the above-named company, and as required by Florida Statutes, section 287.135(5), I hereby certify that the above-named company is not participating in a boycott of Israel.
- This bid, proposal, contract or contract renewal is for goods or services of \$1 million or more. As the person authorized to sign on behalf of the above-named company, and as required by Florida Statutes, section 287.135(5), I hereby certify that the above-named company is not participating in a boycott of Israel, is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, and it does not have business operations in Cuba or Syria.

I understand that pursuant to Florida Statutes, section 287.135, the submission of a false certification may result in the termination of the contract if one is entered into, and may subject the above-named company to civil penalties, attorney's fees and costs.

Certified By: [Signature]  
AUTHORIZED REPRESENTATIVE SIGNATURE

Print Name and Title: Joyan Zepcewski, President

Date Certified: 2/18/2020

State of Florida  
County of Col

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of FEB., 2020 by Joyan Zepcewski who is personally known to me or who has produced N/A as identification.

[Signature]  
Notary Public



Solicitation/Contract/PO Number (Completed by Purchasing): \_\_\_\_\_  
**(THIS PAGE MUST BE COMPLETED AND SUBMITTED)**



LOBBYING CERTIFICATION

"The undersigned hereby certifies, to the best of his or her knowledge and belief, that":

STATE OF Florida

COUNTY OF Lee

This 12<sup>th</sup> day of February of 2020, Jovan Zeprowski, being first duly sworn, deposes and says that he or she is the authorized representative of ZEP Construction, Inc. (Name of the contractor, firm or individual), and that the vendor and any of its agents agree to have no contact or communication with, or discuss any matter related in any way to any active City of North Port solicitation, with any City of North Port elected officials, officers, their appointees or their agents or any other staff or outside individuals working with the city in respect to this request other than the designated Procurement Official Contact and to abide by the restrictions outlined in the General Terms and Conditions of the Solicitation. Technical questions directed to the project manager, is prohibited. These persons shall not be lobbied, either individually or collectively, regarding any questions for bid, proposal, qualification and/or any other solicitations released by the city. To do so is grounds for immediate disqualification from the selection process. The selection process is not considered final until such a time as the Commission has made a final and conclusive determination.

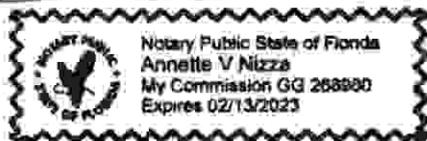
- (a) No City appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence either directly or indirectly an officer or employee of the City, City Commission in connection with the awarding of any City Contract.
- (b) If any funds other than City appropriated funds have been paid or will be paid to any person for influencing or attempting to influence a member of City Commission or an officer or employee of the City in connection with this contract, the undersigned shall complete and submit Standard Form-L "Disclosure Form to Report Lobbying", in accordance with its instructions.

Signed, sealed and delivered this 12<sup>th</sup> day of February, 2020.

By: [Signature]  
Jovan Zeprowski  
 (Printed Name)  
President  
 (Title)

STATE OF Florida  
COUNTY OF Lee

Sworn to and subscribed before me this 12<sup>th</sup> day of FEBRUARY, 2020, by JOVAN ZEPROWSKI who  is personally known to me or  has produced his/her driver's license as identification.



[Signature]  
 Notary Public - State of FLORIDA  
 Print Name: ANNETTE V NIZZA  
 Commission No: GG 219980

(THIS PAGE MUST BE COMPLETED AND SUBMITTED)

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities related to the business. It emphasizes the need for transparency and accountability in financial reporting.

2. The second part of the document outlines the various methods and techniques used to collect and analyze data. It covers both qualitative and quantitative research approaches, highlighting the strengths and limitations of each.

3. The third part of the document focuses on the interpretation and presentation of the collected data. It discusses how to effectively communicate findings to stakeholders and make data-driven decisions.

4. The final part of the document provides a summary of the key findings and conclusions drawn from the research. It also offers recommendations for future research and practical applications of the findings.

NON-COLLUSIVE AFFIDAVIT

State of Florida

County of Lee

SS.

Before me, the undersigned authority, personally appeared:

Jovan Zepceyski

who, being first duly sworn, deposes and says that:

1. He/She is the Owner (Owner, Partner, Officer, Representative or Agent) of ZEP Construction, Inc., the Respondent that has submitted the attached reply;
2. He/She is fully informed respecting the preparation and contents of the attached reply and of all pertinent circumstances respecting such reply;
3. Such reply is genuine and is not a collusive or sham reply;
4. Neither the said Respondent nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Respondent, firm, or person to submit a collusive or sham reply in connection with the work for which the attached reply has been submitted; or have in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any Respondent, firm, or person to fix the price or prices in the attached reply or of any other Respondent, or to fix any overhead, profit, or cost elements of the reply price or the reply price of any other Respondent, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the reply work.

Signed, sealed and delivered this 12<sup>th</sup> day of February, 2020.

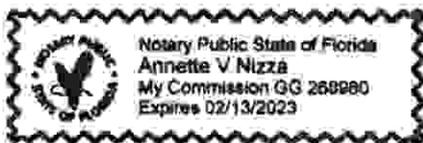
By: Jovan Zepceyski  
Jovan Zepceyski  
(Printed Name)  
President  
(Title)

State of Florida

County of Lee

Sworn to and subscribed before me this 12<sup>th</sup> day of FEBRUARY 2020 by JOVAN ZEPCEYSKI who  is personally known to me or  has produced his driver's license as identification.

NOTARY SEAL:



Annette V. Nizza  
Notary Public - State of Florida  
Print Name: ANNETTE V NIZZA  
Commission No: GG 268980

Date: 2/12/2020

Signed (Person authorized to bind the company): Jovan Zepceyski

Name (printed): Jovan Zepceyski Title: President



**RFB NO. 2020-38 MYAKKAHATCHEE CREEK WTP STRUCTURAL REHABILITATION PROJECT PHASE 1 – FLOCCULATION TANK NO. 1 REPAIRS**

CITY OF NORTH PORT

**BID BOND**

In Compliance with F.S. Chapter 255.051

STATE OF FLORIDA, CITY OF NORTH PORT

KNOW ALL BY THESE PRESENTS, that Zep Construction, Inc., authorized by law to do business as a contractor in the State of Florida, as Principal, and Liberty Mutual Insurance Company, a Corporation chartered and existing under the laws of the State of Massachusetts, as Surety, with its principal offices in the City of Boston, and authorized to do business in the State of Florida, and in accordance with Section 255.051, Florida Statutes, are held and firmly bound unto the City of North Port, Florida, in the full and just sum of 5% of the Total Bid Price, in good and lawful money of the United States of America, to be paid upon demand by the City of North Port, to which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, and assigns, joint and severally and firmly by these presents. The condition of the obligation is such, that whereas the Principal has submitted the attached Bid, dated February 12, 2020, for (RFB 2020-38 MYAKKAHATCHEE CREEK WTP STRUCTURAL REHABILITATION PROJECT PHASE 1 – FLOCCULATION TANK NO. 1 REPAIRS).

NOW, THEREFORE, if the Principal shall withdraw said bid prior to the date of opening the same, or shall within 10 days after the prescribed forms are presented to him for signature enter into a written Contract with City of North Port, Florida, in accordance with the bid as accepted and give a Performance and Payment Bond with good and sufficient surety or sureties as may be required for the faithful performance and proper fulfillment of such Contract and for the prompt payment of all persons furnishing labor or materials in connection therewith or, in the event of failure to enter into such Contract and give such bond within the time specified, if the Principal shall pay the City the difference between the amount specified in said bid and the amount for which the City may procure the required work and/or supplies provided the latter amount to be excess of the amount specified in said bid, then the above obligations shall be void; otherwise, to remain in full force and effect.

IN THE WITNESS WHEREOF, the above written parties have executed this instrument under their several seals dated February 12, 2020, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

Witness as to Principal:

[Signature]  
(By)

ZEP CONSTRUCTION, INC.  
(SEAL)  
[Signature]  
(Principal)

Jovan Zeprowski  
Printed Name

Witness as to Surety:

[Signature]

LIBERTY MUTUAL (SEAL)  
(Surety's Name) INSURANCE COMPANY

[Signature]  
(By-As Attorney-in-Fact, Surety)  
Wendy L. Hingson, Attorney-In-Fact and  
Florida Resident Agent (239) 275-8225

Affix Corporate Seals and attach proper Power of Attorney for Surety.



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8197252-013056

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Jeffrey A. Chandler, Alan P. Chandler, Ian J. Donald, Wendy L. Hingson, Kathleen M. Irelan, Meagan L. Kress, Susan L. Small, Robert Trobec

all of the city of Troy state of Michigan each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 29th day of October, 2018.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: [Signature]
David M. Carey, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

State of PENNSYLVANIA ss
County of MONTGOMERY

On this 29th day of October, 2018 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: [Signature]
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 12th day of February, 2020.



By: [Signature]
Renee C. Llewellyn, Assistant Secretary



## Florida Department of Transportation

RON DESANTIS  
GOVERNOR

605 Suwannee Street  
Tallahassee, FL 32399-0450

KEVIN J. THIBAUT  
SECRETARY

February 1, 2019

ZEP CONSTRUCTION, INC.  
7802 JEAN BLVD.  
FORT MYERS, FLORIDA 33967

RE: CERTIFICATE OF QUALIFICATION

Dear Sir/Madam:

The Department of Transportation has qualified your company for the type of work indicated below. Unless your company is notified otherwise, this Certificate of Qualification will expire 3/30/2020. However, the new application is due 1/31/2020.

In accordance with S.337.14 (1) F.S. your next application must be filed within (4) months of the ending date of the applicant's audited annual financial statements.

If your company's maximum capacity has been revised, you can access it by logging into the Contractor Prequalification Application System via the following link:  
[HTTPS://fdotwp1.dot.state.fl.us/ContractorPreQualification/](https://fdotwp1.dot.state.fl.us/ContractorPreQualification/)

Once logged in, select "View" for the most recently approved application, and then click the "Manage" and "Application Summary" tabs.

**FDOT APPROVED WORK CLASSES:**

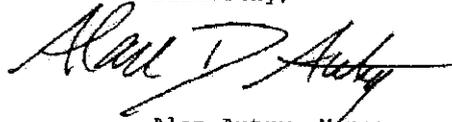
BASCULE BRIDGE REHABILITATION, DRAINAGE, FLEXIBLE PAVING, GRADING, GRASSING, SEEDING AND SODDING, INTERMEDIATE BRIDGES, MAJOR BRIDGE - BRIDGES OF CONVENTIONAL CONSTRUCTION WHICH ARE OVER A WATER OPENING OF 1,000 FEET OR MORE, MAJOR BRIDGE - CAST IN PLACE / POST-TENSIONED / SUPER-STRUCTURE, MAJOR BRIDGE - CONCRETE SEGMENTAL CONSTRUCTION, MAJOR BRIDGE - CURVED STEEL GIRDERS, MINOR BRIDGES, PORTLAND CEMENT CONCRETE ROADWAY PAVING, R&R INTERMEDIATE BRIDGES ("R&R" IS REPAIR AND REHABILITATE), R&R MAJOR BRIDGE - BRIDGES OF CONVENTIONAL CONSTRUCTION WHICH ARE OVER A WATER OPENING OF 1,000 FEET OR MORE, R&R MAJOR BRIDGE- CURVED STEEL GIRDERS, R&R MINOR BRIDGES, SIDEWALK, SEAWALLS, SOIL ANCHORS, STEEL SHEET PILING, DRILLED SHAFTS, MISCELLANEOUS MARINE CONSTRUCTION, POST-TENSIONING, RIP RAP, RETAINING WALL

You may apply for a Revised Certificate of Qualification at any time prior to the expiration date of this certificate according to Section 14-22.0041(3), Florida Administrative Code (F.A.C.), by accessing your most recently approved application as shown above and choosing "Update" instead of "View." If certification in additional classes of work is desired, documentation is needed to show that your company has done such work with your own forces and equipment or that experience was gained with another contractor and that you have the necessary equipment for each additional class of work requested.

ZEP CONSTRUCTION, INC.  
February 1, 2019  
Page Two

All prequalified contractors are required by Section 14-22.006(3), F.A.C., to certify their work underway monthly in order to adjust maximum bidding capacity to available bidding capacity. You can find the link to this report at the website shown above.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan Autry", written in a cursive style.

Alan Autry, Manager  
Contracts Administration Office

AA:cj

2

# *State of Florida*

## *Department of State*

I certify from the records of this office that ZEP CONSTRUCTION, INC. is a corporation organized under the laws of the State of Florida, filed on March 29, 1973.

The document number of this corporation is 422245.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on January 17, 2020, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Seventeenth day of January,  
2020*



*Ronald R. DeSantis*  
**Secretary of State**

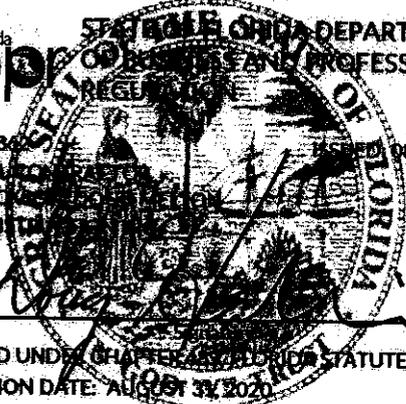
Tracking Number: 4356986252CC

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

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

Florida  
**dbpp** STATE OF FLORIDA DEPARTMENT OF PROFESSIONAL REGULATION

CGC051800 ISSUED 08/24/2018  
GENERAL CONTRACTOR  
HENDRICKSON CONSTRUCTION  
ZEP CONSTRUCTION



LICENSED UNDER CHAPTER 463, FLORIDA STATUTES  
EXPIRATION DATE: AUGUST 31, 2020



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

## Detail by Entity Name

Florida Profit Corporation  
ZEP CONSTRUCTION, INC.

### Filing Information

**Document Number** 422245  
**FEI/EIN Number** 59-1448314  
**Date Filed** 03/29/1973  
**State** FL  
**Status** ACTIVE  
**Last Event** AMENDMENT  
**Event Date Filed** 12/30/2005  
**Event Effective Date** NONE

### Principal Address

7802 JEAN BLVD.  
FORT MYERS, FL 33967

Changed: 01/04/2010

### Mailing Address

7802 JEAN BLVD.  
FORT MYERS, FL 33967

Changed: 01/04/2010

### Registered Agent Name & Address

ZEPCEVSKI, JOVAN A.  
7802 JEAN BLVD  
FT. MYERS, FL 33967

Address Changed: 01/04/2010

### Officer/Director Detail

#### **Name & Address**

Title PST

ZEPCEVSKI, JOVAN A  
7802 JEAN BLVD  
FT MYERS, FL 33967

Title VP

ZEPCEVSKI, TERESA  
 7802 JEAN BLVD  
 FT MYERS, FL 33967

Title VP

SCRIBNER, KIRK  
 7802 JEAN BLVD  
 FT MYERS, FL 33967

**Annual Reports**

Report Year	Filed Date
2017	03/17/2017
2018	03/27/2018
2019	04/02/2019

**Document Images**

<a href="#">04/02/2019 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/27/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/17/2017 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/09/2016 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/07/2015 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/19/2014 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/21/2013 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/06/2012 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/03/2011 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/04/2010 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/05/2009 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/07/2008 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/08/2007 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/04/2006 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">12/30/2005 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">02/02/2005 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/19/2004 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/10/2003 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/04/2002 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/27/2001 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/20/2000 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/11/1999 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/02/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/25/1997 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/24/1996 – ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

# Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Zep Construction, Inc.</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 7802 Jean Blvd.	Requester's name and address (optional)
6 City, state, and ZIP code Fort Myers, FL 33967	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
OR									
Employer identification number									
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## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 3/7/19
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)  
 Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*