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JUN 07 2011

**SURFACE COATING OPERATIONS
AIR GENERAL PERMIT REGISTRATION FORM**

**Bureau of Air Monitoring
& Mobile Sources**

Part II. Notification to Permitting Office

(Detach and submit to appropriate permitting office; keep copy onsite)

Instructions: To give notice to the Department of an eligible facility's intent to use this air general permit, the owner or operator of the facility must detach and complete this part of the Air General Permit Registration Form and submit it to the appropriate Department of Environmental Protection or local air pollution control program office which has permitting authority. Please type or print clearly all information, and enclose the appropriate air general permit registration processing fee pursuant to Rule 62-4.050, F.A.C. (\$100 as of the effective date of this form)

0112324-004

Registration Type

Check one:

INITIAL REGISTRATION - Notification of intent to:

- Construct and operate a proposed new facility:
- Operate an existing facility not currently using an air general permit (e.g., a facility proposing to go from an air operation permit to an air general permit).

RE-REGISTRATION (for facilities currently using an air general permit) - Notification of intent to:

- Continue operating the facility after expiration of the current term of air general permit use.
- Continue operating the facility after a change of ownership.
- Make an equipment change requiring re-registration pursuant to Rule 62-210.310(2)(e), F.A.C., or any other change not considered an administrative correction under Rule 62-210.310(2)(d), F.A.C.

Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only

If the facility currently holds one or more air operation permits, such permit(s) must be surrendered by the owner or operator upon the effective date of this air general permit. In such case, check the first box, and indicate the operation permits being surrendered. If no air operation permits are held by the facility, check the second box.

- All existing air operation permits for this facility are hereby surrendered upon the effective date of this air general permit; specifically permit number(s): _____
- No air operation permits currently exist for this facility.

General Facility Information

Facility Owner/Company Name (Name of corporation, agency, or individual owner who or which owns, leases, operates, controls, or supervises the facility.)

DERECTOR OF FLORIDA #0112324

Site Name (Name, if any, of the facility site; e.g., Plant A, Metropolis Plant, etc. If more than one facility is owned, a registration form must be completed for each.)

Facility Location (Provide the physical location of the facility, not necessarily the mailing address.)

Street Address: **775 TAYLOR LANE**

City: **DANIA**

County: **BROWARD**

Zip Code: **33004**

-2536

Facility Start-Up Date (Estimated start-up date of proposed new facility.)(N/A for existing facility)

Owner/Authorized Representative

Name and Position Title (Person who, by signing this form below, certifies that the facility is eligible to use this air general permit.)

Print Name and Title: DIANE DIEDRICK / SAFETY DIR.

Owner/Authorized Representative Mailing Address

Organization/Firm: DEPARTMENT OF FLORIDA
Street Address: 775 TAYLOR LANE
City: DANIA County: BROWARD Zip Code: 33004

Owner/Authorized Representative Telephone Numbers

Telephone: 954-920-5756 Fax: 954-925-1146
Cell phone (optional):

Facility Contact (If different from Owner/Authorized Representative)

Name and Position Title (Plant manager or person to be contacted regarding day-to-day operations at the facility.)

Print Name and Title:

Facility Contact Mailing Address

Organization/Firm:
Street Address:
City: County: Zip Code:

Facility Contact Telephone Numbers

Telephone: Fax:
Cell phone (optional):

Owner/Authorized Representative Statement

This statement must be signed and dated by the person named above as owner or authorized representative

I, the undersigned, am the owner or authorized representative of the owner or operator of the facility addressed in this Air General Permit Registration Form. I hereby certify, based on information and belief formed after reasonable inquiry, that the facility addressed in this registration form is eligible for use of this air general permit and that the statements made in this registration form are true, accurate and complete. Further, I agree to operate and maintain the facility described in this registration form so as to comply with all applicable standards for control of air pollutant emissions found in the statutes of the State of Florida and rules of the Department of Environmental Protection and revisions thereof.

I will promptly notify the Department of any changes to the information contained in this registration form.

Diane Diedrick
Signature

5-18-2011
Date

Material Usage Rates

If this is an **initial registration** for a surface coating operation, provide an estimate of the average quantity of volatile organic compounds in all coatings (solvents and thinners) expected to be used on a daily basis.

If this is a **re-registration** for an existing surface coating operation, provide the highest monthly average of the daily quantity of volatile organic compounds in all coatings (solvents and thinners) used in the last five years. Indicate the month and year during which this usage occurred.

Nov. 2008 28.66

Description of Facility

Below, or as an attachment to this form, provide a description of the surface coating operations at the facility in sufficient detail to demonstrate the facility's eligibility for use of this air general permit and to provide a basis for tracking any future equipment or process changes at the facility. Describe all air pollutant-emitting processes and equipment at the facility, and identify any air pollution control measures or equipment used.

* SEE ATTACHED E-MAIL DATED
06/24/11 AS AN ADDENDUM TO
THIS FORM.

D.

Dibble, Dickson

PAGE 7, DESCRIPTION OF FACILITY

From: Diane Diedrick [diedrickd@derecktor-florida.com]
Sent: Friday, June 24, 2011 12:41 PM
To: Dibble, Dickson
Subject: Derecktor of Florida


Please find to follow a description of the work performed at our shipyard:
All services performed on pleasure boats up to 170 ft. in length.

- Plumbing / Repair of existing plumbing, or new plumbing for added features within the vessels.
- Mechanics & Machining / Replacement of broken parts. Possibly addition of new equipment.
- Welding / For repair or upgrade refit of vessels.
- Paint Work / Repaint of bottoms as well as repaint or repairs interior and exterior of vessels.
- Carpentry / Repair of wood products or additions of wood work within the vessels.



DERECKTOR OF FLORIDA, INC.
775 Taylor Lane Dania, Florida 33004-2521



UNITED STATES POSTAGE

PITNEY BOWES
02 1P \$ 000.44⁰
0004460022 JUN 02 2011
MAILED FROM ZIP CODE 33004

FDEP Receipts
P O Box 3070
Tallahassee, FL 32315-3070

FLORIDA NEW YORK CONNECTICUT

32315+3070



2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 21, 2011
Secretary of State**

DOCUMENT# 321159

Entity Name: DERECKTOR-GUNNELL, INC.

Current Principal Place of Business:

775 TAYLOR LANE
DANIA, FL 33004 US

New Principal Place of Business:

Current Mailing Address:

775 TAYLOR LANE
DANIA, FL 33004 US

New Mailing Address:

FEI Number: 59-1225610 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LAWRENCE E
775 TAYLOR LANE
DANIA, FL 33004 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: DERECKTOR, ERIC P
Address: 311 E. BOSTON POST ROAD
City-St-Zip: MAMARONECK, NY

Title: TD
Name: DERECKTOR, THOMAS E
Address: 994 JEFFERSON ST.
City-St-Zip: FALL RIVER, MA 02721

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE E .SMITH

RA

02/21/2011

Electronic Signature of Signing Officer or Director

_____ Date