



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

December 20, 2007

Mr. Wesley Jones
Oldcastle Coastal, Incorporated
7270 Alico Road
Fort Myers, Florida 33912

Dear Mr. Jones:

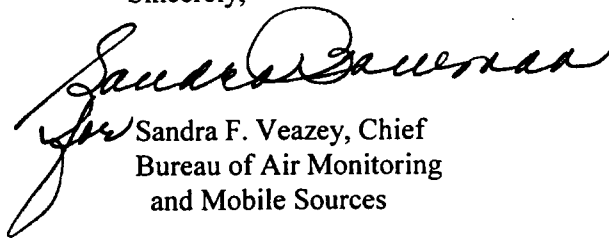
This is to acknowledge that your notification of intent to use the authority of Rule 62-210.310 to operate your facility was received on November 14, 2007. We have assigned ARMS Number 0710260-001 to this facility.

As you know, pursuant to Florida Statutes section 403.814, authority to operate under general permits commences thirty days after receipt of the registration form unless you have been notified by this office that your facility has not shown entitlement to operate pursuant to the rule provisions.

For your information, authority to operate pursuant to Rule 62-210.310 expires after 5 years. Therefore, a new registration form must be received no later than 5 years after the date your notice was received as indicated above. If your general permit rule conditions require testing, such testing must be completed within the time frame specified in the rule.

If you have any additional questions, please contact Dickson Dibble at 850/921-9586.

Sincerely,



Sandra F. Veazey, Chief
Bureau of Air Monitoring
and Mobile Sources

SFV/pg

cc: Mr. Sherrill Culliver, South District

RECEIVED
NOV 13 2007
Bureau of Air Monitoring
& Mobile Sources

CONCRETE BATCHING PLANT
AIR GENERAL PERMIT REGISTRATION FORM

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)

0710260-001

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.)

Oldcastle Coastal, Inc.

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.)

South Fort Myers Block Plant, FACILITY ID: 0710015
FORMER PART OF

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

Street Address: 7270 Alico Road

City: Fort Myers

County: Lee

Zip Code: 33912

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

N/A

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: Billy Paul Braswell, Vice President of Operations

Owner/Authorized Representative Mailing Address

Organization/Firm: Oldcastle Coastal, Inc.
Street Address: 9009 Corporate Lake Drive, Suite 165
City: Tampa County: Hillsborough Zip Code: 33634

Owner/Authorized Representative Telephone Numbers

Telephone: (813) 367-9780 Fax: (813) 367-9780
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: Wesley Jones - Operations Foreman

Facility Contact Mailing Address

Organization/Firm: Oldcastle Coastal, Inc.
Street Address: 7270 Allico Road
City: Fort Myers County: Lec Zip Code: 33912

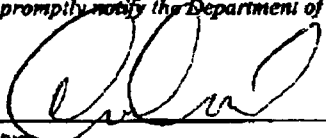
Facility Contact Telephone Numbers

Telephone: (239) 267-3634 Fax: (239) 267-7979
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.



Signature

11/8/07

Date

Type of Facility

Check one:

Stationary Facility

Relocatable Facility

Type(s) of Reasonable Precautions Used to Prevent Unconfined Emissions

Check all precautions to be used for the management of roads, parking areas, stock piles and yards:

Pave Roads

Pave Parking Areas

Pave Yards

Maintain Roads/Parking/Yards

Use Water Application

Use Dust Suppressant

Remove Particulate Matter

Reduce Stock Pile Height

Install Wind Breaks

Check all precautions to be used for the management of drop points to trucks:

Spray Bar

Chute

Enclosure

Partial enclosure

Description of Reasonable Precautions

Below, or as an attachment to this form, provide details of all types of reasonable precautions to be used to prevent unconfined emissions at the facility.

This facility is provided with an extensive stormwater/wastewater drainage system, which is designed to flush particulate matter from the paved yard and entrance drive. This keeps the paving cleaner, substantially reducing fugitive emissions. Aggregate stockpiles in the yard are stored on paved surfaces and kept watered, partly for quality control and partly to reduce potential emissions from these materials. Unused concrete which is brought back to the site is stored in a concrete-walled washout structure, which reduces the area needed to dry the material, while keeping it out of the main traffic pattern, where it would generate additional fugitive emissions.

Description of Facility

Below, or as an attachment to this form, provide a description of the concrete batching plant 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.

NOTE: FACILITY ID : 0710015 was for the combined ready mix and block plants. These 2 plants are being split-up and are going to be owned by different legal entities, so this block plant should be issued a new facility ID number.

Concrete Block Manufacturing Plant:

- A single-compartment cement silo (with a BHA "Pulse-Pleat" four-cartridge dust collector).

Arlington Environmental Services, Inc.
(863) 467-0555

VISIBLE EMISSION TEST

Method Used (Circle One) Method 9 203A 203B Report 1570-V

Company Name Rinker Materials
 Facility Name 5 FT. Myers (0710015) Block
 Direct Address 1270 Alice Rd.
 City FT. Myers, FL State _____ Zip _____
 Phone No (239) 267-3634

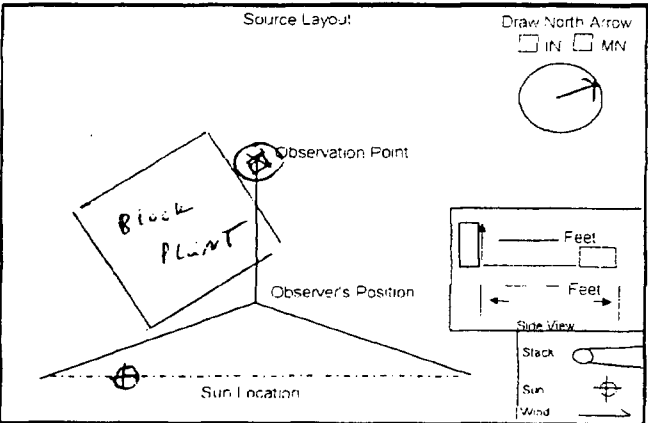
Process Concrete Unit # Eu-09 Operating Mode 23.6TPH
 Control Equipment Cartridge Collector Operating Mode Lo P Sic

Describe Emission Point DC outlet vent
 Ht of Emis. Point 70' Ht Ref to Observe 70'
 Distance to Emis. Pt. 250' Direction to Emis. Pt (Degrees) 290°

Vertical Angle to Obs. Pt 14° Direction to Obs. Pt (Degrees) 290°
 Distance and Direction to Obs. Pt from Emission Pt Same

Describe Emissions
 Emission Color _____ Water Droplet Flame
 Attached _____ Detached _____ None X

Describe Plume Background
 Background Color blue Sky Conditions Clear
 Wind Speed 7-10 mph Wind Direction NE.
 Ambient Temp. 70°F Wet Bulb Temp. _____ % RH _____



Latitude 26°29.295' Longitude 81°49.954' Declination _____

Comments Concrt 26.35/59 M/N

Observation Date 3-6-07 Start Time 12:12 Stop Time 1:10

Min Sec	0				15				30				45			
	0	15	30	45	0	15	30	45	0	15	30	45	0	15	30	45
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Number of Readings Above _____ % were _____
 Average Opacity for Highest 6 Min Period 0

Range of opacity Readings
 Min _____ Max 0
 Average Opacity for 2nd Highest 6 Min _____

Observers Name (Print) William Arlington
 Observers Signature W. Arlington Date 3/6/07
 Organization Arlington Environmental Services, Inc.
 Certified By Whitlow Enterprises Date 1/8/07



Whitlow Enterprises, LLC

www.smokeschool.net

Certifies that

Bill Arlington of Arlington Environmental Services

Has met all of the requirements of EPA Reference Method 9 and 22

And is qualified as a Visible Emissions Observer

Date: January 8, 2007

This certificate is valid for 6 months after the above date

George Artie "Butch" Whitlow

President

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: Billy Paul Braswell, Vice President of Operations

Owner/Authorized Representative Mailing Address

Organization/Firm: Oldcastle Coastal, Inc.

Street Address: 9009 Corporate Lake Drive, Suite 165

City: Tampa

County: Hillsborough

Zip Code: 33634

Owner/Authorized Representative Telephone Numbers

Telephone: (813) 367-9780

Fax: (813) 367-9780

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: Wesley Jones - Operations Foreman

Facility Contact Mailing Address

Organization/Firm: Oldcastle Coastal, Inc.

Street Address: 7270 Alico Road

City: Fort Myers

County: Lec

Zip Code: 33912

Facility Contact Telephone Numbers

Telephone: (239) 267-3634

Fax: (239) 267-7979

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.

Signature

Date

**CONCRETE BATCHING PLANT
AIR GENERAL PERMIT REGISTRATION FORM**

RECEIVED
NOV 28 2007
Bureau of Air
& Mobile Source
Control

Part II. Notification to Permitting Office
(Detach and submit to appropriate permitting office; keep copy onsite)

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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:

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- Continue operating the facility after a change of ownership.
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Surrender of Existing Air Operation Permit(s) - For Initial Registrations Only

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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.)

Oldcastle Coastal, Inc.

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.)

South Fort Myers Block Plant, FACILITY ID: 0710015

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

Street Address: 7270 Alico Road

City: Fort Myers

County: Lee

Zip Code: 33912

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

N/A

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: Billy Paul Braswell, Vice President of Operations		
Owner/Authorized Representative Mailing Address Organization/Firm: Oldcastle Coastal, Inc. Street Address: 9009 Corporate Lake Drive, Suite 165 City: Tampa County: Hillsborough Zip Code: 33634		
Owner/Authorized Representative Telephone Numbers Telephone: (813) 367-9780 Fax: (813) 367-9780 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: Wesley Jones - Operations Foreman		
Facility Contact Mailing Address Organization/Firm: Oldcastle Coastal, Inc. Street Address: 7270 Alico Road City: Fort Myers County: Lec Zip Code: 33912		
Facility Contact Telephone Numbers Telephone: (239) 267-3634 Fax: (239) 267-7979 Cell phone (optional):		

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

Signature

11/8/07

Date

Type of Facility

Check one:

Stationary Facility

Relocatable Facility

Type(s) of Reasonable Precautions Used to Prevent Unconfined Emissions

Check all precautions to be used for the management of roads, parking areas, stock piles and yards:

Pave Roads

Pave Parking Areas

Pave Yards

Maintain Roads/Parking/Yards

Use Water Application

Use Dust Suppressant

Remove Particulate Matter

Reduce Stock Pile Height

Install Wind Breaks

Check all precautions to be used for the management of drop points to trucks:

Spray Bar

Chute

Enclosure

Partial enclosure

Description of Reasonable Precautions

Below, or as an attachment to this form, provide details of all types of reasonable precautions to be used to prevent unconfined emissions at the facility.

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NOTE: FACILITY ID : 0710015 was for the combined ready mix and block plants. These 2 plants are being split-up and are going to be owned by different legal entities, so this block plant should be issued a new facility ID number.

Concrete Block Manufacturing Plant:

- A single-compartment cement silo (with a BHA "Pulse-Pleat" four-cartridge dust collector).

Arlington Environmental Services, Inc.
(863) 467-0555

VISIBLE EMISSION TEST

Method Used (Circle One) Method 9 203A 203B Report 1570-V

Company Name Rinker Materials

Facility Name S. FT. MYERS (0710015) Block AIRS

Street Address 7270 Alice Rd.

City FT. MYERS, FL State FL Zip

Phone No. (239) 267-3634

Process Concrete Unit # En-09 Operating Mode 23:6TPH

Control Equipment Cartage Collector Operating Mode Lo P5ig

Describe Emission Point DC outlet vent

HT of Emis. Point 70' HT Rel to Observer 70'

Distance to Emis. Pt. 250' Direction to Emis. Pt (Degrees) 290°

Vertice Angle to Obs Pt 14° Direction to Obs Pt (Degrees) 290°

Distance and Direction to Obs. Pt from Emission Pt Same

Describe Emissions

Emission Color Water Droplet Plume Attached Detached None X

Describe Plume Background

Background Color blue Sky Conditions Clear

Wind Speed 7-10 mph Wind Direction NE.

Ambient Temp. 70°F Wet Bulb Temp. % RH

Source Layout

Draw North Arrow IN MN

Block PLANT

Observation Point

Observer's Position

Sun Location

Stack

Sun

Wind

Latitude 26°29.295' Longitude 81°49.954' Declination

Comments CEMNT 26.35/59 MIN

Observation Date		Start Time				Stop Time			
3-6-07		12:12				13:03			
Min	0	15	30	45	Min	0	15	30	45
Sec					Sec				
1	0	0	0	0	31	0	0	0	0
2	0	0	0	0	32	0	0	0	0
3	0	0	0	0	33	0	0	0	0
4	0	0	0	0	34	0	0	0	0
5	0	0	0	0	35	0	0	0	0
6	0	0	0	0	36	checked			
7	0	0	0	0	37	tanker			
8	0	0	0	0	38	0	0	0	0
9	0	0	0	0	39	0	0	0	0
10	0	0	0	0	40	0	0	0	0
11	0	0	0	0	41	0	0	0	0
12	0	0	0	0	42	0	0	0	0
13	0	0	0	0	43	0	0	0	0
14	0	0	0	0	44	0	0	0	0
15	0	0	0	0	45	0	0	0	0
16	0	0	0	0	46	0	0	0	0
17	0	0	0	0	47	0	0	0	0
18	0	0	0	0	48	0	0	0	0
19	0	0	0	0	49	0	0	0	0
20	0	0	0	0	50	0	0		
21	0	0	0	0	51	Tanker			
22	0	0	0	0	52	Empty			
23	0	0	0	0	53				
24	0	0	0	0	54				
25	0	0	0	0	55				
26	0	0	0	0	56				
27	0	0	0	0	57				
28	0	0	0	0	58				
29	0	0	0	0	59				
30	0	0	0	0	60				
Number of Readings Above					Average Opacity for Highest 5 Min Period				
0 % were 0					0				
Range of opacity Readings					Average Opacity for 2nc Highest 5 Min				
Min Max 0									
Observers Name (Print): <u>William Arlington</u>									
Observers Signature: <u>W. Arlington</u>								Date: <u>3/6/07</u>	
Organization: <u>Arlington Environmental Services, Inc.</u>									
Certified By: <u>Whitlow Enterprises</u>								Date: <u>1/8/07</u>	



Whitlow Enterprises, LLC

www.smokeschool.net

Certifies that

Bill Arlington of Arlington Environmental Services

Has met all of the requirements of EPA Reference Method 9 and 22

And is qualified as a Visible Emissions Observer

Date: January 8, 2007

This certificate is valid for 6 months after the above date

George Artie "Butch" Whitlow

President

UPS CampusShip: View/Print Label

1. **Print the label(s):** Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
2. **Fold the printed label at the dotted line.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
3. **GETTING YOUR SHIPMENT TO UPS**
Customers without a Daily Pickup
 - o Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages.
 - o Hand the package to any UPS driver in your area.
 - o Take your package to any location of The UPS Store[®], UPS Drop Box, UPS Customer Center, UPS Alliances (Office Depot[®] or Staples[®]) or Authorized Shipping Outlet near you. Items sent via UPS Return ServicesSM (including via Ground) are accepted at Drop Boxes.
 - o To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.

Customers with a Daily Pickup

- o Your driver will pickup your shipment(s) as usual.

FOLD HERE

<p style="text-align: right;">1 OF 1</p> <p style="text-align: center;">LTR</p> <p>SHIP TO: CHRIS WILLIS 770-392-5300 5405 APAC, INC. 900 ASHWOOD PARKWAY ATLANTA GA 30338</p> <p>DICK DIBBLE 850-921-9586 FLORIDA DEP DIV. OF AIR RESOURCE MANAGEMENT 2600 BLAIR STONE RD MS 5510 TALLAHASSEE FL 32399-6542</p>	<p>FL 323 0-01</p> 	<p>UPS NEXT DAY AIR</p> <p>1</p> <p>TRACKING #: 1Z 326 284 01 9754 3560</p> 	<p style="text-align: right;">TM</p>  <p style="text-align: right; font-size: small;">CS 9.5.16.0 WZ1260 69.0A 07/2007</p> <p>BILLING: P/P</p> <p>Reference # 1: 0120 Reference # 2: business</p> <p>FLORIDA DEP 2600 BLAIRSTONE RD STOP 5510 TALLAHASSEE FL 32399-6542</p> <p>P: BROWN S: OUT I:</p> <p>BLAR-1076</p> <p>1Z3262840197543560 1030</p> <p style="font-size: x-small;">REPORT FULFILLMENT BY 06:05:01 2007 ID: 330 HIP 6 2 1 014420</p>
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**Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 281284 thru 281284
Printed: 11/15/2007 4:32:30 PM - Page 10**

*✓ = ARMS
X = EXCEL*

Cashlisting: **65123** Cashlist Area: **3755**
Deposit No: **281284** Date Deposited: **11/15/2007**

Description: **DIV OF AIR RESOURCES MGMT.**
Contact: **PATTY ADAMS**

Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund
002272	45648		606353		APAC INC	1000003476	\$100.00	1010326 ✓ #1010504	847840	755057	PFTF - REMOVED BLOCK PLANT
	45648		606353		APAC INC	1000003476	\$100.00	0710015 ✓ #0710260	847841	755057	PFTF - REMOVED BLOCK PLANT
	45648		606354		APAC INC	1000003425	\$100.00	0330266 11/21/2007	847862	755058	PFTF
	45648		606354		APAC INC	1000003425	\$100.00	0030043	847861	755058	PFTF
	45648		606354		APAC INC	1000003425	\$100.00	0050037	847860	755058	PFTF
	45648		606353		APAC INC	1000003476	\$100.00	0810064 ✓ #0810220	847842	755057	PFTF - REMOVED BLOCK PLANT
	45648		606353		APAC INC	1000003476	\$100.00	0710024 ✓ #0710261	847843	755057	PFTF - REMOVED BLOCK PLANT
	45648		606354		APAC INC	1000003425	\$100.00	0810064	847844	755058	PFTF
	45648		606354		APAC INC	1000003425	\$100.00	1010077	847845	755058	PFTF
	45648		606354		APAC INC	1000003425	\$100.00	1030139	847846	755058	PFTF
	45648		606354		APAC INC	1000003425	\$100.00	1010326	847847	755058	PFTF
	45648		606354		APAC INC	1000003425	\$100.00	0450009	847848	755058	PFTF
	45648		606354		APAC INC	1000003425	\$100.00	1310010	847849	755058	PFTF
	45648		606354		APAC INC	1000003425	\$100.00	0710024	847850	755058	PFTF
	45648		606354		APAC INC	1000003425	\$100.00	0150086	847851	755058	PFTF
	45648		606354		APAC INC	1000003425	\$100.00	0710015	847852	755058	PFTF
	45648		606354		APAC INC	1000003425	\$100.00	0710229	847853	755058	PFTF
	45648		606354		APAC INC	1000003425	\$100.00	0710096	847854	755058	PFTF
	45648		606354		APAC INC	1000003425	\$100.00	0210047	847855	755058	PFTF
	45648		606354		APAC INC	1000003425	\$100.00	0210032	847856	755058	PFTF
	45648		606354		APAC INC	1000003425	\$100.00	0910075	847857	755058	PFTF
	45648		606354		APAC INC	1000003425	\$100.00	7770043	847858	755058	PFTF
	45648		606354		APAC INC	1000003425	\$100.00	1136024	847859	755058	PFTF
Object Code 002272 Subtotal:							\$2,300.00				
002273	45641	478062 ✓	606283		HAO HAO INTERNATIONAL INC	2114	\$75.00	009015 ✓	848030	754987	APCTF