

# Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

David B. Struhs Secretary

July 27 2001

Mr. Jose E. Alomar KML Cleaners, Inc. 8544 Gunn Highway Odesa, Florida 33556

Re: Facility No.: 0570334-002

Dear Mr. Alomar:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 19, 2001.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

Dotty Diltz, Chief

Bureau of Air Monitoring and Mobile Sources

DD/jw

cc: Mr. Thomas Shelton, Hillsborough County

"More Protection, Less Process"

Printed on recycled paper.

Fees Paid GOC 4 Compliant IN 0570334-002 P15 (a) New should be circled under Status, Circle the Control Device Required for New machine at sendl area sources.

Existing machines at small area sources should not be marked. Mark out and initial.

Responsible Official sign and date for changes made.

## State of Florida Department of Environmental Protection

## DISTRICT ROUTING SLIP

To:		Date:		
			ος τα	
	PENSACOLA	NORTHWEST DISTRICT		
	Panama City	Northwest District Branch Office		
	Tallahassee	Northwest District Branch Office		
). <u></u>	Sopchoppy	Northwest District Satellite Office		
	Тамра	SOUTHWEST DISTRICT		
	Punta Gorda	Southwest District Branch Office		
	Bartow	Southwest District Satellite Office		
	ORLANDO	CENTRAL DISTRICT		
	Melbourne	Central District Satellite Office		
	JACKSONVILLE	NORTHEAST DISTRICT		
	Gainesville	Northeast District Branch Office		
	FORT MYERS	SOUTH DISTRICT		
	Marathon	South District Branch Office		
	WEST PALM BEACH	SOUTHEAST DISTRICT		
	Port St. Lucie	Southeast District Branch Office		
	Reply Optional Date Due	Reply Required Info O	nly	
Com	ments:			
			•	
From	Ľ	Tel.:		

# PERCHLOROETHYLENE DRY CLEANER AIR GENERAL PERMIT NOTIFICATION FORM

#### Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location					
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):					
José E. Alomar					
2. Site Name (For example, plant name or number):					
KML Cleaners inc 8544 Gunn Hwy odlessa FL.					
3. Hazardous Waste Generator Identification Number:					
FLD 984234781					
4. Facility Location: 8544 Gunn HWY Odesa FL					
4. Facility Location: 8544 G-UNN HWY OdeSQ FL Street Address: City: F  County: Hillsborogh Zip Code: 33556					
5. Facility Identification Number (DEP Use ONLY - do not fill in);					
05/10334-002					
Responsible Official					
6. Name and Title of Responsible Official:					
Name: Jose E Alomas Title: owner-president					
7. Responsible Official Mailing Address: 8544 Gunn HW Y Organization/Firm:					
Street Address: /					
Street Address: City: Odleska FL County: Hillsborgh Zip Code: 33556					
8. Responsible Official Telephone Number:					
Tolomboso (812 1911 022) Fex:					
Facility Contact (If different from Responsible Official)					
9. Name and Title of Facility Contact (For example, plant manager):					
10. Facility Contact Address:					
Street Address:					
City: Zip Code:					
11. Facility Contact Telephone Number:					
Telephone: ( ) - Fax: ( ) -					

DEP Form No. 62-213.900(2)

Effective: 2/24/99

### **BEST AVAILABLE COPY**

#### **Facility Information**

### 1.(a) DRY-TO-DRY MACHINES ONLY

How many dry-to-dry mad	chines do you ha	ve on-site?	
For each dry-to-dry machi	ine on-site, pleas	e provide the following informati	on:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
12-20-91	Existing/No	ew RC/CA/None required	Sant
	Existing/Ne	ew RC/CA/None required	·
	Existing/Ne	ew RC/CA/None required	
*CONTROL DEVICE KE	EY: $RC = r$	refrigerated condenser CA =	= carbon adsorber
1.(b) TRANSFER MACE	HINES ONLY		•
How many washers do you	u have on-site?		
How many dryers/reclaim	ers do you have	on-site?	
unit. If the transfer machin 1993, it is a <b>NEW</b> unit (no	ne was purchased o units purchased	from the manufacturer between	December 9, 1991, it is an <b>EXISTING</b> December 9, 1991 and September 22, owed to operate under this general formation:
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing/New	RC/CA/None required	
E	Existing/New	RC/CA/None required	
		STATIONE required	
*CONTROL DEVICE KE	Y: $RC = re$	frigerated condenser CA =	carbon adsorber
2.(a) How much perchloro	ethylene (perc) l	nave you used within the last 12 m	nonths?
50 gallons	(You must fill	this in)	
(b) If less than 12 mont	hs, how many? [	] months	
Check why it is less	than 12 months:	New owner: [] Did not kee	p records: []
•		New store: New machine	e []
	/	Unopened store [] (date of e	expected opening

DEP Form No. 62-213.900(2) Effective: 2/24/99

#### **BEST AVAILABLE COPY**

3. What is the facility's source classification based on the Indicate with an "X". Select one classification only	
Small Area Source	
Transfer only on-site (u	used less than 140 gallons of perc per year) used less than 200 gallons of perc per year) used less than 140 gallons of perc per year)
Large Area Source	
Transfer only on-site (v	used 140 - 2,100 gallons of perc per year) used 200 - 1,800 gallons of perc per year) used 140 - 1,800 gallons of perc per year)
4. What control technology is required on machines pu (Indicate with an "X".)	rsuant to section (5) of Part II of this notification form?
Existing machines at small area source (NONE REQUIRED)	New machines at small area source Refrigerated condenser
Existing machines at large area source Carbon adsorber  Refrigerated condenser	New machines at large area source Refrigerated condenser []
5. A facility which contains non-exempt emissions uning Rule 62-213.300, F.A.C. Verify that all steam and hot exemption criteria or that no such units exist on-site (see	
All steam and hot water generating units exempt No such units on-site	✓ OR
How many boilers do you have on-site?	
For each boiler, indicate its horsepower (HP) rating: [10]	<u> </u>
What type of fuel do you use?  [ ] propane  [ ] No. 2 fuel o	
6. Equipment Monitoring and Recordkeeping Informat	ion
Check all logs which are required to be kept on-site in	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent purchases/solvent add	ition log
(b) Leak detection inspection and repair	
(c) Refrigerated condenser temperature monitoring	
(d) Carbon adsorber exhaust perc concentration monito	ring 🔀
(e) Startup, shutdown, malfunction plan	لكت

DEP Form No. 62-213.900(2)

Effective: 2/24/99

	7. Surrender o	of Existing DEP Air Permit(s)
	Please indicat	e with an "X" the appropriate selection:
		I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are
		No DEP air permits currently exist for the operation of the facility indicated in this notification form.
	Responsible	Official Certification
	this notifi statement maintain comply w	dersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in iteration. I hereby certify, based on information and belief formed after reasonable inquiry, that the its made in this notification are true, accurate and complete. Further, I agree to operate and the air pollutant emissions units and air pollution control equipment described above so as to with all terms and conditions of this general permit as set forth in Part II of this notification form.  Somptly notify the Department of any changes to the information contained in this notification.
	Jose Print nam	e of responsible official  6/15/01
_	Signature	Date

Bureau of Air Monitoring & Mobile Sources

1002 6 1 NNC

BECEINED

17

#### **BEST AVAILABLE COPY**



PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location
1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):
José E. Alomar
2. Site Name (For example, plant name or number):
KML Cleaners inc 8544 Gunn Hwy odessa FL.
3. Hazardous Waste Generator Identification Number:
FLD 984234781
4. Facility Location: 8544 G-UNN HWY OdeSQ FL Street Address: City: F  County: Hillshoregh Zip Code: 33556
Street Address: County: 1/1/c/a.mag/ Zin Code: 2355/
City. 4 11151x17cgy Zip couc. 33336
5. Facility Identification Number (DEP Use ONLY - do not fill in):
05/10334-002
Responsible Official
6. Name and Title of Responsible Official:
7. Responsible Official Mailing Address: 8544 Gunn HWY
Organization/Firm:
Street Address: /
Organization/Firm: Street Address: City: Odlska FL County: Hillsknigh Zip Code: 33556
8. Responsible Official Telephone Number:
Tolombono: (\$17) QNA A7.27 Fex: ( )
Facility Contact (If different from Responsible Official)
9. Name and Title of Facility Contact (For example, plant manager):
10. Facility Contact Address:
Street Address:
City: County: Zip Code:
11. Facility Contact Telephone Number:
Telephone: ( ) - Fax: ( ) -

DEP Form No. 62-213.900(2) Effective: 2/24/99

Facility Information	endien albeite.	the same	
1.(a) DRY-TO-DRY M	ACHINES ONLY	Company of the second s	virtual CVV resident province
How many dry-to-dry ma	achines do you have	e on-site?	55.262 - 55.5 Hard
For each dry-to-dry mach	nine on-site, please	provide the following information	onie en एकंक नक स्वादी
Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
12-20-91	Existing/Nev	w RC/CA/None required	Same
	Existing/Nev	w RC/CA/None required	
	Existing/Nev	w RC/CA/None required	. The state of the
*CONTROL DEVICE K	EY: RC = re	frigerated condenser CA =	carbon adsorber
1.(b) TRANSFER MAC	HINES ONLY	•	
How many washers do yo	ou have on-site?		And the second of the second
How many dryers/reclain	ners do you have or	n-site?	i i on enkolosio delidori omerki wiliki.
unit If the transfer mach		from the manufacturer between 1	December 9, 1991, it is an EXISTIN
unit. If the transfer mach 1993, it is a NEW unit (r	ine was purchased no units purchased er machine on-site,	from the manufacturer between l	December 9, 1991 and September 22 owed to operate under this general formation:  Date Control Device Installed (if already included at time of
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased to units purchased er machine on-site,  Status	from the manufacturer between I after September 22, 1993 are allowable, please provide the following information Control Device Required*	December 9; 1991 and September 22 owed to operate under this general formation: 1997 of October 1997 and Date Control Device Installed
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased to units purchased er machine on-site,  Status	from the manufacturer between I after September 22, 1993 are allowable, please provide the following information Control Device Required*	December 9, 1991 and September 22 owed to operate under this general formation:  Date Control Device Installed (if already included at time of
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased no units purchased er machine on-site,  Status (circle one)  Existing/New	from the manufacturer between I after September 22, 1993 are allowing information of the following info	December 9, 1991 and September 22 owed to operate under this general formation:  Date Control Device Installed (if already included at time of
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased to units purchased er machine on-site,  Status (circle one)  Existing/New  Existing/New	from the manufacturer between I after September 22, 1993 are allowing in the following in Control Device Required* (circle one)	December 9, 1991 and September 22 owed to operate under this general formation:  Date Control Device Installed (if already included at time of
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased to units purchased er machine on-site,  Status (circle one)  Existing/New  Existing/New	from the manufacturer between I after September 22, 1993 are allowing in the following in the Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required	December 9, 1991 and September 22 owed to operate under this general formation:  Date Control Device Installed (if already included at time of
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased	ine was purchased to units purchased er machine on-site,  Status (circle one)  Existing/New  Existing/New	from the manufacturer between I after September 22, 1993 are allowing in please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required	December 9, 1991 and September 22 owed to operate under this general formation:  Date Control Device Installed (if already included at time of
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased From Manufacturer  *CONTROL DEVICE KE 2.(a) How much perchlor	ine was purchased to units purchased to units purchased ter machine on-site,  Status (circle one)  Existing/New  Existing/New  Existing/New  Existing/New  RC = refi	from the manufacturer between I after September 22, 1993 are allowing in please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  rigerated condenser CA =	December 9; 1991 and September 22 owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber
unit. If the transfer mach 1993, it is a NEW unit (r permit). For each transf Date Initially Purchased From Manufacturer  *CONTROL DEVICE KE 2.(a) How much perchlor	ine was purchased to units purchased to units purchased ter machine on-site,  Status (circle one)  Existing/New  Existing/New  Existing/New  Existing/New  Additional of the control of th	from the manufacturer between I after September 22, 1993 are allowing in please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  rigerated condenser  CA =  ave you used within the last 12 mins in)	December 9; 1991 and September 22 owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber  onths?
*CONTROL DEVICE KE	ine was purchased to units purchased to units purchased ter machine on-site,  Status (circle one)  Existing/New	from the manufacturer between I after September 22, 1993 are allowing in please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  rigerated condenser	December 9; 1991 and September 22 owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber  onths?
*CONTROL DEVICE KE  2.(a) How much perchlor  [50] gallon  (b) If less than 12 mon	ine was purchased to units purchased to units purchased ter machine on-site,  Status (circle one)  Existing/New  Existing/New  Existing/New  Existing/New  Additional Provious Action of the purchase (You must fill the purchase	from the manufacturer between I after September 22, 1993 are allowing in please provide the following in Control Device Required* (circle one)  RC/CA/None required  RC/CA/None required  rigerated condenser	December 9; 1991 and September 22 owed to operate under this general formation:  Date Control Device Installed (if already included at time of purchase, write "SAME")  carbon adsorber  onths?

DEP Form No. 62-213.900(2) Effective: 2/24/99

4.3

3. What is the facility's source class Indicate with an "X". Select		e definitions found in section (3) of Part II?
Small Area Source	$   \angle   $	The second security of the second sec
Dry-to-dry mach Transfer only or Both machine ty	n-site (u	sed less than 140 gallons of perc per year) sed less than 200 gallons of perc per year) sed less than 140 gallons of perc per year)
Large Area Source		
Dry-to-dry mach Transfer only or Both machine ty	n-site (u	sed 140 - 2,100 gallons of perc per year) sed 200 - 1,800 gallons of perc per year) sed 140 - 1,800 gallons of perc per year)
4. What control technology is requ (Indicate with an "X".)	uired on machines pur	suant to section (5) of Part II of this notification form?
Existing machines at sma (NONE REQUIRED)	all area source	New machines at small area source Refrigerated condenser
Existing machines at larger Carbon adsorber Refrigerated condenser	ge area source	New machines at large area source Refrigerated condenser []
	hat all steam and hot units exist on-site (se	is shall not be eligible to use the general permit pursuant to water generating units on-site meet the following e attached memo for the criteria).
How many boilers do you have on	-site? [one]	
For each boiler, indicate its horser	oower (HP) rating: [10	HP] [] []
What type of fuel do you use?	propane No. 2 fuel oi	
6. Equipment Monitoring and Rec	ordkeeping Informati	on
Check all logs which are required	to be kept on-site in a	accordance with the requirements of this general permit:
(a) Purchase receipts and solvent p	ourchases/solvent addi	tion log
(b) Leak detection inspection and	repair	
(c) Refrigerated condenser temper	ature monitoring	
(d) Carbon adsorber exhaust perc	concentration monitor	ring (X)
(e) Startup, shutdown, malfunctio	n plan	
•	odnika wit []:	<del>-</del>
Control of Balance States		

DEP Form No. 62-213.900(2) Effective: 2/24/99

7. Surrender o	of Existing DEP Air Permit(s)	
Please indicat	e with an "X" the appropriate selection:	
1 E [ ]	I hereby surrender all existing DEP air perm this notification form; the permit number(s)	nits authorizing operation of the facility indicated in are
	No DEP air permits currently exist for the of form.	peration of the facility indicated in this notification
Responsible	Official Certification	
		•
this notifi statement maintain comply w I will pro	ivation. I hereby cortify, based on information is made in this notification are true, accurate the air pollutant emissions units and air pollutinh all terms and conditions of this general permptly notify the Department of any changes to Alama	ed in Part II of this form, of the facility addressed in and belief formed after reasonable inquiry, that the and complete. Further, I agree to operate and tion control equipment described above so as to rmit as set forth in Part II of this notification form. In the information contained in this notification.
Print nam	e of responsible official	
Signature	2 Charley	Date 6/15/01
Dod 8	Marion	
J	Bureau of Air Monitoring 3: Mobile Sources	
. '	1005 6 1 NUL	

BECEINED

DEP Form No. 62-213.900(2) Effective: 2/24/99

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

444535 JAN142005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

AIRS ID# 570334 10 K.M.L. CLEANERS INC 8544 Gunn Hwy ODESSA, FL 33556

ORG.: 37550101000 EO: A1 FUND: 20-2-035001

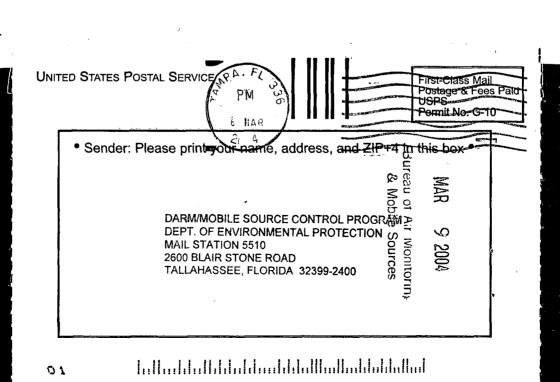
FOR GOVERNMENT USE ONI

OBJECT: 002273

Printed on recycled paper.

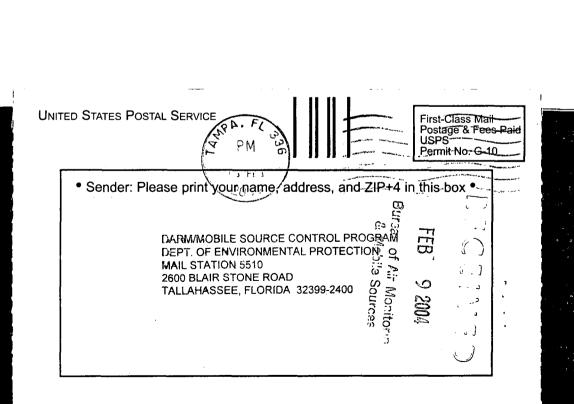
9485	U.S. Postal ServiceTM CERTIFIED MAILTM RECEIPT (Domestic Mail Qnly; No Insurance Coverage Provided)
+	For delivery information visit our website at www.usps.com®
174	OFFICIAL USE
1	Postage \$
100	Certified Fee
	Return Reclept Fee (Endorsement Required)
200	Restricted Delivery Fee (Endorsement Required)
	AIRS ID # 570334
7003	JOSE ALOMAR  K.M.L. CLEANERS INC
~	8544 GUNN HWY
	ODESSA, FL 33556
	PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.  AIRS ID # 570334  JOSE ALOMAR  K.M.L. CLEANERS INC 8544 GUNN HWY ODESSA, FL 33556		COMPLETE THIS SECTION ON DELIVERY	
			Agent Addressee
		D. Is delivery address different from item 1?	
		3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt fo ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee)	or Merchandise
Article Number (Transfer from service label)	7003 05	00 0004 0144 9485	
PS Form 3811, August 2001	Domestic Retu	urn Receipt	102595-02-M-1540



6 E 5	Ü.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
	For delivery information visit our website at www.usps.com	
) (1)	UFFICIAL WAE	
72	Postage \$	
0003	Certifled Fee Return Reciept Fee (Endorsement Required)	
2260	Restricted Delivery Fee (Endorsement Required)  To ID# 570334	
7003	JOSE ALOMAR  K.M.L. CLEANERS INC  Stri 8544 GUNN HWY  ort ODESSA, FL 33556  PSERGER 8000-frame 2002-4	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
ID# 570334 JOSE ALOMAR K.M.L. CLEANERS INC 8544 GUNN HWY	3. Service Type
ODESSA, FL 33556	Certified Mall  Registered  Return Receipt for Merchandise  C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7003 2260 0003 5651 1823	
PS Form 3811, August 2001 Domestic Retu	rn Receipt 102595-02-M-1540



#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413246 JAN172002

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

### **TOTAL AMOUNT DUE: \$50.00**

Do NOT Remove Label

AIRS ID # 0570334 K.M.L. CLEANERS INC JOSE E ALOMAR 8544 GUNN HWY ODESSA FL 33556 Bureau of Elife

FOR GOVERNMENT USE ONLY Org.: 335501010002.EO: AL

Fund: 24,2-035001 Obj.: 0022732

大学 というない かっこう

#### THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

421159 DEC272002

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

## TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

K.M.L. CLEANERS INC JOSE E ALOMAR 8544 GUNN HWY ODESSA FL 33556 AIRS ID#0570334

JAN 0 8 2003
reau of Air Monitoring Mobile Sources

FOR GOVERNMENT USE ONLY Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273

3

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING 434438 DEC18 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00** 

Do NOT Remove Label

570334 JOSE ALOMAR K.M.L. CLEANERS INC 8544 GUNN HWY ODESSA FL 33556

FOR GOVERNMENT USE ONLY

OK. OF LOS

Org.: 37550101000 EO: A1

Fund: 20-2-035001 Obj.: 002273