

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

April 22, 2003

CERTIFIED MAIL – Return Receipt Requested

Mr. L. F. Rollins
Division President and Authorized Representative
APAC-Southeast, Inc.
Central Florida Division
4636 Scarborough Drive
Lutz, Florida 33559

Re: Change in Division Name
Permit No.: 0550012-002-AO
APAC-Southeast, Inc.
Central Florida Division
Lake Wales Branch: Plant 410
Highlands County

Dear Mr. Rollins:

This Department received the above referenced request on April 10, 2003. We have effected a change to the ARMS tracking system to reflect the requested change in the Division name for the above referenced permit, specifically change APAC-Florida, Inc. to APAC-Southeast, Inc. There is no fee requirement for this change.

If there are any questions, please call Bruce Mitchell at 850/413-9198.

Sincerely,

Trina L. Vielhauer
Chief
Bureau of Air Regulation

TLV/rbm

Enclosure

cc: Tom Tittle, SED
Ron Blackburn, SD

"More Protection, Less Process"

Printed on recycled paper.



APAC-Florida, Inc. • Central Florida Division
 4636 Scarborough Drive • Lutz, Florida 33559 • Telephone: (813) 973-2888 • Fax: (813) 973-2994

APAC-Southeast, Inc.

Central Florida Division - Tampa Branch
 6701 E. Hanna Ave.
 Tampa, Fl. 33610
 Plant (813) 623-3622

State of Florida
Department of Environmental Protection
Division of Air Resource Management
2600 Blair Stone Road
Tallahassee, FL 32399-2400

LETTER OF TRANSMITTAL

| | |
|------------|---|
| Date: | 4/1/03 |
| Attention: | Mr. Howard L. Rhodes |
| Re: | Application for Name Change |
| | Permit No: 0550012-002-AO |
| | Permit No: 7770073-005-AO 7770073-007-AC |

CERTIFIED MAIL #7000 0520 0014 4889 1166

WE ARE SENDING YOU:

- (X) Attached () Under separate cover via the following items.
 () Prints () Copy of letter () Shop drawings
 () Samples () Specifications () _____

| Copies | Date | No. | Description |
|--------|------|-----|---|
| 1 | 4/03 | | Application for change of Division Name, Facility ID 0550012-002-AO |
| 1 | 4/03 | | Application for change of Division Name, Facility ID 7770073-005-AO |
| 1 | 4/03 | | Check for \$100.00 for processing fee |

THESE ARE TRANSMITTED as marked below:

- () For Approval () As requested () Returned for corrections
 () For your use () Approved () For review and comment

REMARKS:

The request is to reflect the change of names from APAC-Florida, Inc., to APAC-Southeast, Inc.

COPY TO: Plant File

SIGNED: 
 V.P., Asphalt Production



Department of Environmental Protection **RECEIVED**

Division of Air Resources Management

APR 10 2003

APPLICATION FOR TRANSFER OF AIR PERMIT BUREAU OF AIR REGULATION

Title V Permit No.*: _____

Non-Title V Permit No(s).: 0550012-002-AO

Notification of Sale or Legal Transfer

| | |
|--|-----------------------------|
| Facility Owner/Company Name (As Currently Permitted): APAC-Florida, Inc., Central Florida Division | Facility ID No.: 0550012 |
| Site Name: APAC-Florida, Inc., Central Florida Division Lake Wales Branch - Plant 410 Rt 17A, Avon Park, 33825 | County: Highlands |
| Street Address or Other Locator: 4636 Scarborough Drive | |
| City: Lutz, Florida | Zip Code: 33559 |

I, the undersigned, hereby notify the department of the sale or legal transfer of the facility listed above. Under its current air permit(s), I am the owner or authorized representative of the non-Title V source or the responsible official of the Title V source addressed in this application, whichever is applicable.

[Signature]
(Signature)

Name: L. F. Rollins

Title: Division President, Central Florida Division Date: April 1, 2003

STATE OF FLORIDA
COUNTY OF PASCO

Sworn to (or affirmed) and subscribed before me this 1ST day of APRIL 2003



Cynthia L. Hall
(Signature of Notary Public - State of Florida)

CYNTHIA L. HALL
(Name of Notary Typed, Printed, or Stamped)

Personally Known OR Produced Identification _____

Type of Identification Produced _____

* Title V Sources Only: Attach a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittee. If there is a change in designated representative at an Acid Rain source, submit a copy of the Certificate of Representation submitted to EPA pursuant to 40 CFR 72, subpart B. A Statement of Compliance (DEP Form 62-213.900(7)) covering the portion of the calendar year up to the date of transfer of responsibility shall be submitted to the Department after the date of transfer, as required by Rule 62-213.440(3)(a)2.b., F.A.C.

Notification of New Ownership

New Facility Owner/Company Name:
 APAC-Southeast, Inc.
 Central Florida Division

New Site Name: APAC-Southeast, Inc.
 Central Florida Division
 Lake Wales Branch
 Plant 410

County:
 Highlands

I, the undersigned, am or will be the new owner or authorized representative* of the non-Title V source or the new responsible official of the Title V source addressed in this application, whichever is applicable. I further state that I have examined the application and documents submitted by the current permittee, the basis on which the above listed permit(s) was/were issued by the Department, and state that they accurately and completely describe the permitted facility. I further state that I am familiar with the permit(s), agree to comply with its/their terms and conditions, and agree to assume the rights and liabilities contained therein. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete. I also agree to promptly notify the Department of any future change in ownership of, or responsibility for, the permitted facility.

L. F. Rollins

(Signature)

Name: L. F. Rollins

Title: Division President, Central Florida Division

Date: April 1, 2003

Mailing Address: 4636 Scarborough Drive

City: Lutz, Florida

Zip Code: 33559

Telephone No.: 813-973-2888

Fax No.: 813-973-2994

Effective Date of Sale or Legal Transfer: March 31, 2003

(If not yet known, leave blank. Once known, date must be provided to the Department to process a change of ownership administrative permit correction in accordance with Rule 62-210.360, F.A.C.)

STATE OF FLORIDA
 COUNTY OF PASCO

Sworn to (or affirmed) and subscribed before me this 1ST day of APRIL 2003.



Cynthia L. Hall
 (Signature of Notary Public - State of Florida)

CYNTHIA L. HALL
 (Name of Notary Typed, Printed, or Stamped)

Personally Known OR Produced Identification _____

Type of Identification Produced _____

* Attach letter of authorization if other than owner or corporate officer.



PNC Bank, National Association
JEANNETTE, PA

60-162
433

APAC, INC.
POST OFFICE BOX 3390
ALPHARETTA, GEORGIA 30023

10877367

CHECK NUMBER 00009315

| DATE | AMOUNT |
|----------|---------------|
| 04/04/03 | \$*****100.00 |

VOID IF NOT CASHED IN 180 DAYS

PAY ONE HUNDRED AND 00/100

TO THE ORDER OF:

GENERAL ACCOUNT

STATE OF FL DEPT ENVIRONMENTAL PROTECT
DIVISION OF AIR RESOURCE MANAGEMENT
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399-2400

BY Mitchell L. Parsons
AUTHORIZED SIGNATURE

⑈00009315⑈ ⑆043301627⑆ 1014317556⑈



DETACH STATEMENT BEFORE DEPOSITING

APAC, INC.
POST OFFICE BOX 3390
ALPHARETTA, GEORGIA 30023

CHECK NUMBER 9315

CHECK DATE 04/04/03


(770) 392-5300

| INVOICE NO. | DATE | DESCRIPTION | GROSS | DEDUCTIONS | AMOUNT PAID |
|-------------|--------|---------------|--------|------------|-------------|
| 040202 | 040202 | RT CINDY HALL | 100.00 | | 100.00 |
| | | | ----- | ----- | ----- |
| | | | 100.00 | | 100.00 |

RECEIVED

APR 10 2003

BUREAU OF AIR REGULATION

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> ■ 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. | <p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Rollins</u> C. Date of Delivery <u>4/13</u></p> |
| <p>1. Article Addressed to: Mr. L.F. Rollins Division President and Authorized Representative APAC-Southeast, Inc. Central Florida Division 4636 Scarborough Drive Lutz, Florida 33559</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label) <u>7000 2870 0000 7028 0887</u></p> | |
| <p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p> | |

| U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | | | | | | | | | | | |
|---|-----------|----|---------------|--|---|--|--|--|---------------------------------|-----------|----------------------|
| OFFICIAL USE Mr. L. F. Rollins | | | | | | | | | | | |
| <p>7000 2870 0000 7028 0887</p> <table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage & Fees</td> <td>\$</td> </tr> </table> | Postage | \$ | Certified Fee | | Return Receipt Fee (Endorsement Required) | | Restricted Delivery Fee (Endorsement Required) | | Total Postage & Fees | \$ | <p>Postmark Here</p> |
| Postage | \$ | | | | | | | | | | |
| Certified Fee | | | | | | | | | | | |
| Return Receipt Fee (Endorsement Required) | | | | | | | | | | | |
| Restricted Delivery Fee (Endorsement Required) | | | | | | | | | | | |
| Total Postage & Fees | \$ | | | | | | | | | | |
| <p>Sent To Mr. L. F. Rollins Street, Apt. No., or PO Box No. 4636 Scarborough Drive City, State, ZIP+4 <u>Lutz, Florida 33559</u></p> <p>PS Form 3800, May 2000 See Reverse for Instructions</p> | | | | | | | | | | | |



APAC-Florida, Inc. • Central Florida Division

4636 Scarborough Drive • Lutz, Florida 33559 • Telephone: (813) 973-2888 • Fax: (813) 973-2994

APAC-Southeast, Inc.

Central Florida Division - Tampa Branch
6701 E. Hanna Ave.
Tampa, Fl. 33610
Plant (813) 623-3622

State of Florida
Department of Environmental Protection
Division of Air Resource Management
2600 Blair Stone Road
Tallahassee, FL 32399-2400

LETTER OF TRANSMITTAL

Form with fields: Date: 4/1/03, Attention: Mr. Howard L. Rhodes, Re: Application for Name Change, Permit No: 0550012-002-AO, Permit No: 7770073-005-AO, 7770073-007-AC

CERTIFIED MAIL #7000 0520 0014 4889 1166

WE ARE SENDING YOU:

- (X) Attached () Under separate cover via the following items.
() Prints () Copy of letter () Shop drawings
() Samples () Specifications ()

Table with columns: Copies, Date, No., Description. Rows include application details and a \$100.00 processing fee check.

THESE ARE TRANSMITTED as marked below:

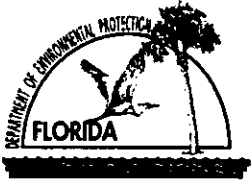
- () For Approval () As requested () Returned for corrections
() For your use () Approved () For review and comment

REMARKS:

The request is to reflect the change of names from APAC-Florida, Inc., to APAC-Southeast, Inc.

COPY TO: Plant File

SIGNED: [Signature]
V.P., Asphalt Production



Department of Environmental Protection RECEIVED

Division of Air Resources Management

APR 10 2003

APPLICATION FOR TRANSFER OF AIR PERMIT BUREAU OF AIR REGULATION

| | |
|--|-----------------------|
| <input type="checkbox"/> Title V Permit No.*: | _____ |
| <input type="checkbox"/> Non-Title V Permit No(s): | <u>0550012-002-AO</u> |

Notification of Sale or Legal Transfer

| | |
|--|-----------------------------|
| Facility Owner/Company Name (<i>As Currently Permitted</i>): APAC-Florida, Inc., Central Florida Division | Facility ID No.: 0550012 |
| Site Name: APAC-Florida, Inc., Central Florida Division Lake Wales Branch – Plant 410 Rt 17A, Avon Park, 33825 | County: Highlands |
| Street Address or Other Locator: 4636 Scarborough Drive | |
| City: Lutz, Florida | Zip Code: 33559 |

I, the undersigned, hereby notify the department of the sale or legal transfer of the facility listed above. Under its current air permit(s), I am the owner or authorized representative of the non-Title V source or the responsible official of the Title V source addressed in this application, whichever is applicable.

L. F. Rollins
(Signature)

Name: L. F. Rollins

Title: Division President, Central Florida Division Date: April 1, 2003

STATE OF FLORIDA
COUNTY OF PASCU

Sworn to (or affirmed) and subscribed before me this 1ST day of APRIL 2003



Cynthia L. Hall
(Signature of Notary Public – State of Florida)

CYNTHIA L. HALL
(Name of Notary Typed, Printed, or Stamped)

Personally Known OR Produced Identification _____

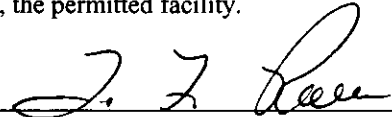
Type of Identification Produced _____

* Title V Sources Only: Attach a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittee. If there is a change in designated representative at an Acid Rain source, submit a copy of the Certificate of Representation submitted to EPA pursuant to 40 CFR 72, subpart B. A Statement of Compliance (DEP Form 62-213.900(7)) covering the portion of the calendar year up to the date of transfer of responsibility shall be submitted to the Department after the date of transfer, as required by Rule 62-213.440(3)(a)2.b., F.A.C.

Notification of New Ownership

| | |
|---|--------------------------|
| New Facility Owner/Company Name: APAC-Southeast, Inc. Central Florida Division | |
| New Site Name: APAC-Southeast, Inc. Central Florida Division Lake Wales Branch Plant 410 | County: Highlands |

I, the undersigned, am or will be the new owner or authorized representative* of the non-Title V source or the new responsible official of the Title V source addressed in this application, whichever is applicable. I further state that I have examined the application and documents submitted by the current permittee, the basis on which the above listed permit(s) was/were issued by the Department, and state that they accurately and completely describe the permitted facility. I further state that I am familiar with the permit(s), agree to comply with its/their terms and conditions, and agree to assume the rights and liabilities contained therein. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete. I also agree to promptly notify the Department of any future change in ownership of, or responsibility for, the permitted facility.



 (Signature)

Name: L. F. Rollins
 Title: Division President, Central Florida Division Date: April 1, 2003

Mailing Address: 4636 Scarborough Drive

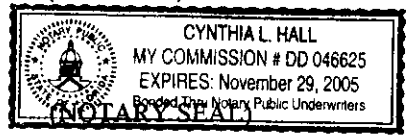
City: Lutz, Florida Zip Code: 33559

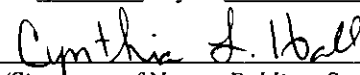
Telephone No: 813-973-2888 Fax No.: 813-973-2994

Effective Date of Sale or Legal Transfer: March 31, 2003
 (If not yet known, leave blank. Once known, date must be provided to the Department to process a change of ownership administrative permit correction in accordance with Rule 62-210.360, F.A.C.)

STATE OF FLORIDA
 COUNTY OF PASCO

Sworn to (or affirmed) and subscribed before me this 1ST day of APRIL 2003





 (Signature of Notary Public - State of Florida)

CYNTHIA L. HALL

 (Name of Notary Typed, Printed, or Stamped)

Personally Known OR Produced Identification _____

Type of Identification Produced _____

* Attach letter of authorization if other than owner or corporate officer.



Department of Environmental Protection RECEIVED

Division of Air Resources Management

APR 10 2003

APPLICATION FOR TRANSFER OF AIR PERMIT BUREAU OF AIR REGULATION

| | |
|--|-----------------------|
| <input type="checkbox"/> Title V Permit No.*: | _____ |
| <input type="checkbox"/> Non-Title V Permit No(s): | <u>7770073-007-AC</u> |
| | <u>7770073-005-AO</u> |

Notification of Sale or Legal Transfer

| | |
|---|-----------------------------|
| Facility Owner/Company Name (As Currently Permitted): APAC-Florida, Inc., Central Florida Division | Facility ID No.: 7770073 |
| Site Name: APAC-Florida, Inc., Central Florida Division Lake Wales Branch - Plant 452 1490 NW 24 th Trail, Okeechobee, Florida 34972 | County: Okeechobee |
| Street Address or Other Locator: 4636 Scarborough Drive | |
| City: Lutz, Florida | Zip Code: 33559 |

I, the undersigned, hereby notify the department of the sale or legal transfer of the facility listed above. Under its current air permit(s), I am the owner or authorized representative of the non-Title V source or the responsible official of the Title V source addressed in this application, whichever is applicable.

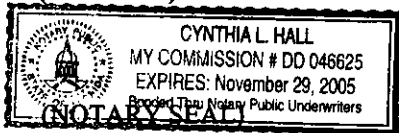
L. F. Rollins
(Signature)

Name: L. F. Rollins

Title: Division President, Central Florida Division Date: April 1, 2003

STATE OF FLORIDA
COUNTY OF PAISCO

Sworn to (or affirmed) and subscribed before me this 1ST day of APRIL 2003.



Cynthia L. Hall
(Signature of Notary Public - State of Florida)

CYNTHIA L. HALL
(Name of Notary Typed, Printed, or Stamped)

Personally Known OR Produced Identification _____

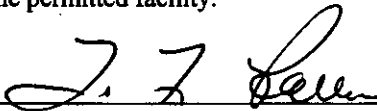
Type of Identification Produced _____

* Title V Sources Only: Attach a written agreement containing a specific date for transfer of permit responsibility, coverage, and liability between the current and new permittee. If there is a change in designated representative at an Acid Rain source, submit a copy of the Certificate of Representation submitted to EPA pursuant to 40 CFR 72, subpart B. A Statement of Compliance (DEP Form 62-213.900(7)) covering the portion of the calendar year up to the date of transfer of responsibility shall be submitted to the Department after the date of transfer, as required by Rule 62-213.440(3)(a)2.b., F.A.C.

Notification of New Ownership

| | |
|---|-----------------------|
| New Facility Owner/Company Name: APAC-Southeast, Inc. Central Florida Division | |
| New Site Name: APAC-Southeast, Inc. Central Florida Division Lake Wales Branch Plant 452 | County: Okeechobee |

I, the undersigned, am or will be the new owner or authorized representative* of the non-Title V source or the new responsible official of the Title V source addressed in this application, whichever is applicable. I further state that I have examined the application and documents submitted by the current permittee, the basis on which the above listed permit(s) was/were issued by the Department, and state that they accurately and completely describe the permitted facility. I further state that I am familiar with the permit(s), agree to comply with its/their terms and conditions, and agree to assume the rights and liabilities contained therein. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this application are true, accurate and complete. I also agree to promptly notify the Department of any future change in ownership of, or responsibility for, the permitted facility.



(Signature)

Name: L. F. Rollins

Title: Division President, Central Florida Division Date: April 1, 2003

Mailing Address: 4636 Scarborough Drive

City: Lutz, Florida Zip Code: 33559

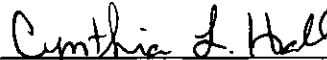
Telephone No.: 813-973-2888 Fax No.: 813-973-2994

Effective Date of Sale or Legal Transfer: March 31, 2003
(If not yet known, leave blank. Once known, date must be provided to the Department to process a change of ownership administrative permit correction in accordance with Rule 62-210.360, F.A.C.)

STATE OF FLORIDA
COUNTY OF PASCO

Sworn to (or affirmed) and subscribed before me this 1ST day of APRIL 2003.





(Signature of Notary Public - State of Florida)

CYNTHIA L. HALL

(Name of Notary Typed, Printed, or Stamped)

Personally Known OR Produced Identification

Type of Identification Produced _____

* Attach letter of authorization if other than owner or corporate officer.