



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

November 1, 2002

CERTIFIED MAIL - Return Receipt Requested

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

RE: Permits Nos. 7770073-005-AO, 7770073-007-AC and 0550012-002-AO
Change in Division and Authorized Representative

Dear Mr. Rollins:

The Department received the above referenced requests on October 8, 2002. We have effected changes to the ARMS tracking system to reflect the requested changes in the Division and the authorized representative for the above referenced permits. There is no fee requirement for these changes; therefore, we are returning your check in the amount of \$100.00 (check number 00001647).

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

Sincerely,

Scott M. Sheplak, P.E.
Program Administrator
Title V Section

SMS/rbm

Enclosure

cc: Tom Tittle, SED
Ron Blackburn, SD

Mailed - on 11/1/02
Bruce Mitchell 11/1/02

"More Protection, Less Process"

Printed on recycled paper.



APAC - Florida, Inc.

Tampa Division
4636 Scarborough Drive
Lutz, Florida 33549

Telephone: 813-973-2888
Fax Numbers:
Accounting 973-2994
Estimating 973-3547
Operations 973-3482
Sales 973-3893

APAC - Florida, 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:	9/25/02
Attention:	Mr. Howard L. Rhodes
Re:	Application for Name Change of Division
	Permit No: 0550012-002-AO
	Permit No: 7770073-005-AO 7770073-007-AC

CERTIFIED MAIL #7000 0520 0014 4889 1081

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	9/02		Application for change of Division Name, Facility ID 0550012-002-AO
1	9/02		Application for change of Division Name, Facility ID 7770073-005-AO
1	9/02		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 renaming of the Macasphalt & Tampa Divisions to the Central Florida Division.

COPY TO: Plant File _____

SIGNED:

V.P., Asphalt Production

THIS IS WATERMARKED PAPER - HOLD TO LIGHT AT 45 DEGREES TO VERIFY CHANGE IN WATERMARK



PNC Bank, National Association
JEANNETTE, PA

60-182
433

CHECK NUMBER 00001647

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

10877367

DATE	AMOUNT
09/27/02	\$*****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

⑈00001647⑈ ⑆043301627⑆ 1014317556⑈

DETACH STATEMENT BEFORE DEPOSITING



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

CHECK NUMBER 1647
CHECK DATE 09/27/02

(770) 392-5300

INVOICE NO.	DATE	DESCRIPTION	GROSS	DEDUCTIONS	AMOUNT PAID
RFP	092702		100.00		100.00
			-----	-----	-----
			100.00		100.00

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.

1. Article Addressed to:

Mr. L.F. Rollins
 Division President and
 Authorized Representative
 4636 Scarborough Drive
 Lutz, Florida 33559

2. Article Number (Copy from service label)

7000 0600 0021 6524 2724

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

M. Kelly 11/1/99
 C. Signature

X M. Kelly Agent
 Addressee

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7000 0600 0021 6524 2724

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:
 Mr. L.F. Rollins

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Mailed 11/1/99

Postmark Here

Name (Please Print Clearly) (to be completed by mailer)
 Mr. L.F. Rollins
 Street, Apt. No., or PO Box No.
 4636 Scarborough Drive
 City, State, ZIP+4
 Lutz, Florida 33559

PS Form 3800, July 1999

See Reverse for Instructions