



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  
Permits Nos.: 7770073-005-AO and 7770073-007-AC  
APAC-Southeast, Inc.  
Central Florida Division  
Lake Wales Branch: Plant 452  
Okeechobee 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 permits, specifically change APAC-Florida, Inc. to APAC-Southeast, Inc. There is no fee requirement for this change; therefore, we are returning your check in the amount of \$100.00 (check number 00009315).

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

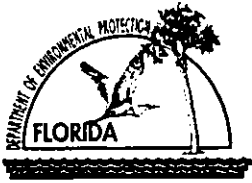
**REMARKS:**

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

COPY TO: Plant File \_\_\_\_\_

SIGNED:

*[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>7770073-007-AC</u>
	<u>7770073-005-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.: 7770073
Site Name: APAC-Florida, Inc., Central Florida Division Lake Wales Branch - Plant 452 1490 NW 24 <sup>th</sup> 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.	
<u><i>L. F. Rollins</i></u> (Signature)	
Name: <u>L. F. Rollins</u>	
Title: <u>Division President, Central Florida Division</u>	Date: <u>April 1, 2003</u>
STATE OF FLORIDA COUNTY OF <u>PASCO</u>	
Sworn to (or affirmed) and subscribed before me this <u>1<sup>ST</sup></u> day of <u>APRIL</u> 20 <u>03</u> .	
	<u><i>Cynthia L. Hall</i></u> (Signature of Notary Public - State of Florida)
	<u>CYNTHIA L. HALL</u> (Name of Notary Typed, Printed, or Stamped)
Personally Known <input checked="" type="checkbox"/>	OR Produced Identification <input type="checkbox"/>
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.

J. F. Rollins  
 (Signature)

Name: L. F. Rollins

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

Mailing Address: 4636 Scarborough Drive

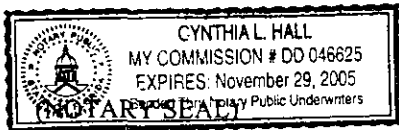
City: Lutz, Florida Zip Code: 33559

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 1<sup>ST</sup> 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.



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

PNC Bank, National Association  
 JEANNETTE, PA

CHECK NUMBER 00009315

60-162  
 433

10877367

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⑆ ⑆014317556⑈



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"> <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>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Leichsenring</i> C. Date of Delivery <i>9/25</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Mr. L. F. Rollins Division President and Authorized Representative APAC-Southeast, Inc. Central Florida Division 4636 Scarborough Drive Lutz, Florida 33559</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><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) 7000 2870 0000 7028 0894</p>	

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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

7000 2870 0000 7028 0894

Mr. L. F. Rollins		Postmark Here
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	
<p>Sent To Mr. L. F. Rollins Street, Apt. No., or PO Box No. 4636 Scarborough Drive City, State, ZIP+4 Lutz, Florida 33559</p>		

PS Form 3800, May 2000 See Reverse for Instructions