



LEVY COUNTY BOARD OF COUNTY COMMISSIONERS  
PROCUREMENT DEPARTMENT  
P.O. BOX 310  
BRONSON, FL 32621  
PHONE: (352) 670-4301  
FAX: (352) 486-5167  
EMAIL: [TRETHEWAY-ALI@LEVYCOUNTY.ORG](mailto:TRETHEWAY-ALI@LEVYCOUNTY.ORG)

COVER PAGE

ITB\_2025\_010 – WACCASASSA BAY CHANNEL MARKERS REPLACEMENT

LAST DAY FOR QUESTIONS: 2/6/25, 4:00 PM

DUE DATE AND TIME: 2/13/25, 2:00 PM

**SUMMARY OF SCOPE:** Levy county is seeking bids from qualified contractors for the replacement and repair of channel markers in the Waccasassa Bay due to Hurricane Idalia and Hurricane Helene as described in the Invitation to Bid.

**SUBMITTAL OF BID:** Levy County only accepts electronic submittals through "E-Bidding" on the DemandStar platform, [www.DemandStar.com](http://www.DemandStar.com). In order to submit a bid in response to this solicitation the bidder must be registered with DemandStar.

For questions relating to this Bid, contact Ali Tretheway, Procurement Coordinator at [Tretheway-ali@levycounty.org](mailto:Tretheway-ali@levycounty.org).

**ITEMS THAT MUST BE INCLUDED WITH BID:** Submitting an incomplete document may deem the bid non-responsive, causing rejection. Please check each box for each item submitted with bid. Prior to submitting my bid, I have verified that all forms are attached and are considered as part of my bid:

- ☒ COVER PAGE
- ☒ ATTACHMENT "1" BID PRICING FORM
- ☒ SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM
- ☒ NON-COLLUSION AFFIDAVIT FORM
- ☒ BID SIGNATURE FORM
- ☒ DRUG-FREE WORKPLACE FORM
- ☒ CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM
- ☒ CONTRACT EXCEPTION FORM
- ☒ VENDOR INFORMATION FORM
- ☒ W9
- ☒ CERTIFICATE OF INSURABILITY – AS NOTED IN PART 2, SUBSECTION 2.12
- ☒ EVIDENCE THAT THE BIDDER IS QUALIFIED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
- ☒ COPIES OF ANY APPLICABLE AND CURRENT LICENSE OR CERTIFICATIONS REQUIRED



Company Name: LIVE FLYER INC

Name: MR. JOHN WARD - PRESIDENT

Address: 6200 NANTERRE CV, CRESTVIEW, FL 32536

Mailing Address (if Different): PO BOX 2399, CRESTVIEW, FL 32536

Email Address (Required): JOHN@LIVEFLYERINC.COM / JENNY@LIVEFLYERINC.COM

Telephone: (850) 815-8900 / (407) 921-9282 / (509) 481-8186 FEIN: 47-1045970

By signing this form, I acknowledge I have read and understand, and my firm complies with all General Conditions and requirements set forth herein:

SIGNATURE OF AUTHORIZED REPRESENTATIVE:  JOHN WARD - PRESIDENT

DATE SUBMITTED: 13-FEBRUARY-2025

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

### ATTACHMENT "1" BID PRICING FORM

The undersigned, as bidder, does hereby declare that he/she has read the Invitation to Bid, Scope of Services, Intent and General Information, General Conditions, Bid Form and Required and Optional Forms, any addenda that may have been issued, and any other documentation for ITB\_2025\_010, Waccasassa Bay Channel Markers Replacement. Total bid prices shall constitute the cost portion of the determination of bid award.

Total bid price to furnish and/or install and/or construct all necessary items and equipment that meet the scope of services and all requirements therefor contained in this Invitation to Bid:

NINETY SIX THOUSAND, FOUR HUNDRED FIFTY SEVEN DOLLARS & NO CENTS (Words)  
\$ 96,457.00 (Figures)

Time for completion of the work in the above bid price:

45 Days (PROCUREMENT = 45 DAYS + MARKER INSTALLATION = 45 DAYS)

Bids shall be Firm.

Name of Business: LIVE FLYER INC

Contact Person: MR. JOHN WARD - PRESIDENT / MRS. JENNY WARD - TREASURER & SECRETARY

Email Address: JOHN@LIVEFLYERINC.COM / JENNY@LIVEFLYERINC.COM

Date: 13-FEBRUARY-2025

Authorized Signature:  JOHN WARD - PRESIDENT

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**Live Flyer Inc.**  
Marine Construction & Environmental Stewardship

## SWORN STATEMENT ON PUBLIC ENTITY CRIME

Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes on Public Entity Crime

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to LEVY COUNTY, FL

By JOHN WARD - PRESIDENT

(Print this individuals name and title)

For LIVE FLYER INC

(Print name of entity submitting statements)

Whose business address is PO BOX 2399, CRESTVIEW, FL 32536

and if applicable whose Federal Employer Identification Number (FEIN) is 47-1045970.

If the entity has no FEIN, include Social Security Number of the individual signing this Sworn Statement:

N/A.

2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(a), Florida Statutes, mean violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
  - a. A predecessor or successor of a person convicted of public entity crime; or
  - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

☒ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months AND (Please indicate which additional statement applies).

☐ The entity submitting the sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(Signature)

State of FLORIDA

County of OKALOOSA

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this

1 day of February, 2025, by John V Ward (name),

as PRESIDENT (title) for LIVE FULFILLER INC (name of bidder)

Personally known ☐ OR Produced Identification ☒ FL Driver License (type of identification).

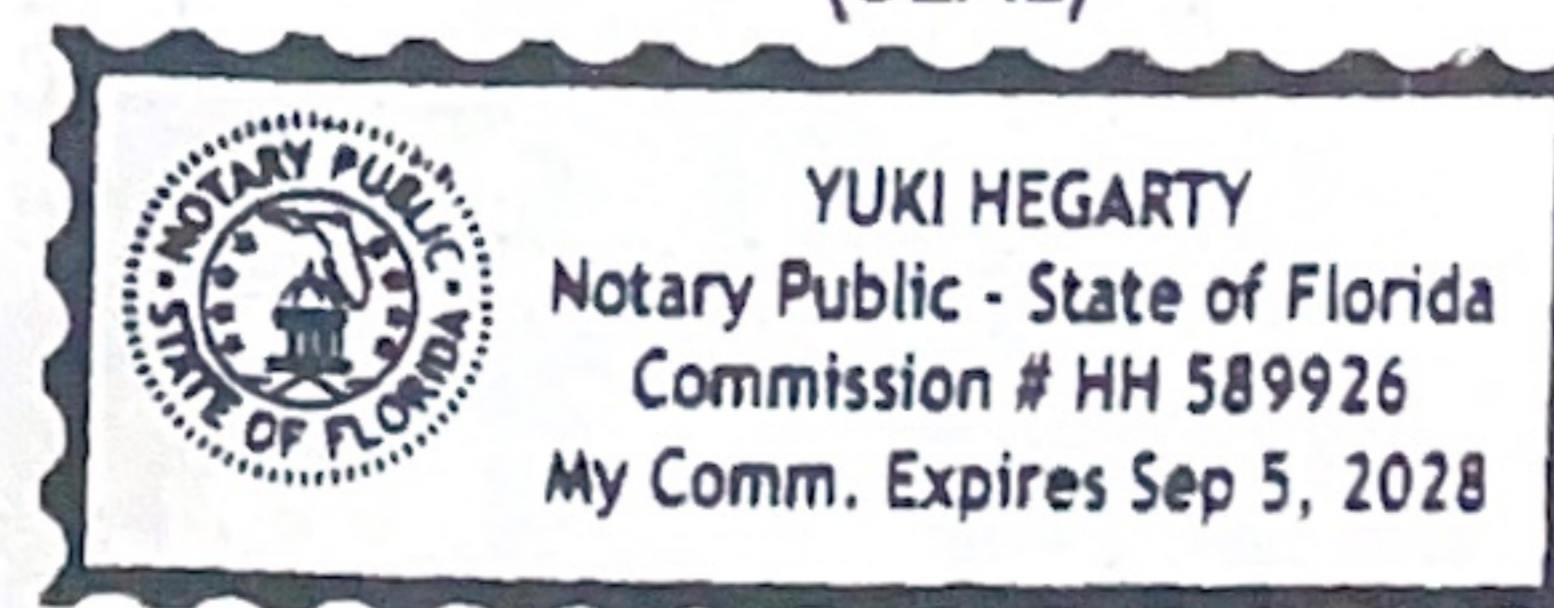
(Signature) Notary Public

Yuki Hegarty

(Printed, typed or stamped commissioned name of notary public)

My Commission expires 09/05/2028

(SEAL)



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

# NON-COLLUSION AFFIDAVIT

I, MR. JOHN WARD of the County of OKALOOSA

According to law on my oath, and under penalty of perjury, depose and say that:

1. I am PRESIDENT of the firm of LIVE FLYER INC providing that I executed the said bid with full authority to do so.
2. This response has been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to qualifications or responses of any other responder to induce any other person, partnership or corporation to submit, or not to submit, a response for the purpose of restricting competition;
3. The statements contained in this affidavit are true and correct, and made with full knowledge that Levy County relies upon the truth of the statements contained in this affidavit in awarding contracts for any services resulting from this ITB for said project.

[Signature]  
(Signature of Proposer Representative)

1-FEBRUARY-2025

(Date)

State of FLORIDA

County of OKALOOSA

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 1 day of February, 2025, by John V Ward (name), as PRESIDENT (title) for LIVE FLYER INC (name of bidder). Personally known ☐ OR Produced Identification ☒ FL Driver License (type of identification).

Yuki Hegarty

(Signature) Notary Public

(SEAL)

Yuki Hegarty

(Printed, typed or stamped commissioned name of notary public)

My Commission expires 09/05/2028



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## BID SIGNATURE FORM

The undersigned attests to his/her authority to submit this bid and to bind the entity/firm herein named to perform in accordance with an agreement entered into with the County, if the entity/firm is awarded the agreement by the County. The undersigned further certifies that he/she has read the entire Invitation to Bid package, and any other documentation relating to the Invitation to Bid, and that this bid is submitted with full knowledge and understanding of the requirements and time constraints noted herein, and that the prices bid herein are guaranteed for a period of ninety (90) days following the due date for bids.

Type of Organization (please check one):

- ☐ INDIVIDUAL
- ☐ PARTNERSHIP
- ☒ CORPORATION
- ☐ JOINT VENTURE
- ☐ LLC

Firm Name: LIVE FLYER INC

Home Office Address: 6200 NANTERRE CV

City, State, Zip: CRESTVIEW, FL 32536

Address (Servicing Levy County if Different from Above): PO BOX 2399, CRESTVIEW, FL 32536

Name/Title of BIDDING Representative: MR. JOHN WARD - PRESIDENT

Email: JOHN@LIVEFLYERINC.COM

Telephone: (850) 815-8900 Fax: NONE

Signature: [Signature] Date: 13-FEBRUARY-2025

Is Bidder a small or minority business, women's business enterprise, or labor surplus area firm? ☒ Yes ☐ No

As addenda are considered binding as if contained in the original Invitation to Bid, it is critical each Bidder acknowledge receipt of same. The submittal may be considered void if receipt of addendum is not acknowledged.

Receipt of Addenda Acknowledged:

Addendum No. 1 (ONE) Dated 27-JANUARY-2025 Signature [Signature] JOHN WARD - PRESIDENT

Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_ Signature \_\_\_\_\_

Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_ Signature \_\_\_\_\_

Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_ Signature \_\_\_\_\_


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## DRUG-FREE WORKPLACE FORM

The undersigned Bidder in accordance with Section 287.087, Florida Statutes hereby certifies that the Bidder  
LIVE FLYER INC (name of firm or individual) does:

1. Publish a statement notifying employees that the unlawful manufacture, distributions, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United State or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Name of Bidder: LIVE FLYER INC  
Signature:   
Title: PRESIDENT  
Date: 13-FEBRUARY-2025

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## CONFLICT OF INTEREST DISCLOSURE STATEMENT

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All bidders must disclose with their bids whether any officer, director, employee or agent is also an officer or an employee of the Board of County Commissioners. All bidders must disclose whether any officer, partner, director or proprietor is the spouse or child of one of the members of the Board of County Commissioners. All bidders must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches or affiliates. All bidders must also disclose the name of any employee, agent lobbyist, previous employee of the Board, or other person, who has received or will receive compensation of any kind in connection with the response to this ITB. All bidders are also required to include a disclosure statement of any potential conflict of interest that the bidder may have due to other clients, contracts, or interest associated with the performance of services under this ITB and any resulting agreement. Use additional sheets if necessary.

Names of Officer, Director, Employee or Agent that is also an Employee of the Board:

NONE

Names of Officer, Partner, Director or Proprietor who is spouse or child of Board Member:

NONE

Names of County Officer or Employee that owns five percent (5%) or more in Bidders Firm:

NONE

Names of applicable person(s) who have received compensation:

NONE

Description of potential conflict(s) with other clients, contracts or interests:

NONE

None of the above applicable: ☒

Signature: 

Printed Name: JOHN WARD - PRESIDENT

Bidder Name: LIVE FLYER INC

Date: 13-FEBRUARY-2025

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## CONTRACT EXCEPTION FORM

Any bidder who requires/requests revision(s) to the Form of Contract (contained in Part 3 of this ITB) must submit this completed Contract Exception Form during the Question portion of the ITB process. The County is under no obligation to grant any exceptions and bid that are contingent on exceptions to the Contract being granted will not be accepted. If an exception is rejected by the County and the bidder subsequently submits a bid, the bidder is deemed to have waived their request for a Contract exception.

[illegible]

Signature: \_\_\_\_\_ Printed Name: LIVE FLYER INC

Bidder Name: LIVE FLYER INC

Date: 13-FEBRUARY-2025

VENDOR INFORMATION FORM

DATE: 1-FEBRUARY-2025

COMPANY NAME: JOHN WARD - PRESIDENT

PHYSICAL ADDRESS: 6200 NANTERRE CV, CRESTVIEW, FL 32536

MAILING ADDRESS: PO BOX 2399

CITY: CRESTVIEW STATE: FL ZIP: 32536

TELEPHONE NUMBER: (850) 815-8900

FAX NUMBER: NONE

TOLL FREE NUMBER: NONE

EMAIL: JOHN@LIVEFLYERINC.COM

FEID NUMBER: 47-1045970 OR SSN: N/A

CONTACT PERSON: JOHN WARD

TITLE: PRESIDENT

CONTACT NUMBER: (850) 815-8900 / (407) 921-9282

\*\*\*\*\*

The information requested above is necessary to update our files or to add your name to the County's vendor list. You are a vital part of the operation of Levy County and we want to thank you for your support. The information on this form will allow us to pay you for the goods and/or services we have received in a timely manner and give us the ability to contact the necessary person in case there is a problem or question in processing.

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# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

LIVE FLYER INC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

PO BOX 2399

City, state, and ZIP code

CRESTVIEW, FL 32536

Requester's name and address (optional)

List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

- -

Employer identification number

4 7 - 1 0 4 5 9 7 0

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶ 13-FEBRUARY-2025

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/26/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                         |  |
|--------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br>Kelly White & Associates Insurance, LLC<br>1622 Hickman Road<br><br>Jacksonville FL 32216 |  | <b>CONTACT NAME:</b> Crystal Pounders<br><b>PHONE (A/C No. Ext):</b> 904-880-8881<br><b>FAX (A/C No.):</b><br><b>E-MAIL ADDRESS:</b> crystal@kwhiteinsurance.com                                                                                                                                                                                                        |  |
| <b>INSURED</b><br><br>Live Flyer, Inc.<br>Po Box 2399<br><br>Crestview FL 32536                              |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Mitsui Sumitomo Insurance Company of America<br><b>INSURER B:</b> Progressive Express Ins Company<br><b>INSURER C:</b> Mitsui Sumitomo Insurance Company of America<br><b>INSURER D:</b> American Longshore Mutual Association LTD<br><b>INSURER E:</b> Great American Insurance Company<br><b>INSURER F:</b> |  |
|                                                                                                              |  | <b>NAIC #</b><br>20362<br>10193<br>20362<br>36897<br>16691                                                                                                                                                                                                                                                                                                              |  |

**COVERAGES****CERTIFICATE NUMBER:** LIVE24122610535558**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                                                                                                     | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                 |   |           |            |            |                                                                                                                                                                                              |   |            |            |            |                                                                                                                                                                                                                                                                           |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------|------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Marine Contractor's Legal<br><input checked="" type="checkbox"/> Protection & Indemnity<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X         |          | OHM4510392    | 12/21/2024              | 12/21/2025              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>S&A Pollution \$ Included |   |           |            |            |                                                                                                                                                                                              |   |            |            |            |                                                                                                                                                                                                                                                                           |
|          | B                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |          |               |                         |                         | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                    | X | 990770803 | 12/21/2024 | 12/21/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>PIP \$ 10,000                   |   |            |            |            |                                                                                                                                                                                                                                                                           |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         | C                                                                                                                                                                                                                                                                      |   |           |            |            | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$ | X | OLM2510712 | 12/21/2024 | 12/21/2025 | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000                                                                                                                                                                                                                    |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |          |               |                         |                         |                                                                                                                                                                                                                                                                        |   |           |            |            | D                                                                                                                                                                                            |   |            |            |            | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>If yes, describe under DESCRIPTION OF OPERATIONS below |
| E        | Vessel Pollution                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |          | OMP 4229046   | 12/21/2024              | 12/21/2025              | OPA/CERCLA 1,100,000                                                                                                                                                                                                                                                   |   |           |            |            |                                                                                                                                                                                              |   |            |            |            |                                                                                                                                                                                                                                                                           |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is named as additional insured with respect to both General Liability and Auto Liability

**CERTIFICATE HOLDER**

Levy County

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# *State of Florida*

## *Department of State*

I certify from the records of this office that LIVE FLYER, INC. is a corporation organized under the laws of the State of Florida, filed on June 9, 2014, effective June 9, 2014.

The document number of this corporation is P14000050376.

I further certify that said corporation has paid all fees due this office through December 31, 2024, that its most recent annual report/uniform business report was filed on March 4, 2024, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

**REGISTRATION FOR 2025 IS NOT DUE UNTIL LATE QUARTER ONE (1) 2025**

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Fourth day of March, 2024*



  
*Secretary of State*

Tracking Number: 3377341394CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD**

THE MARINE SPECIALTY CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**WARD, JOHN V JR**

LIVE FLYER, INC.  
647 MILL RD  
CARRABELLE FL 32322

**LICENSE NUMBER: SCC131152095**

**EXPIRATION DATE: AUGUST 31, 2026**

Always verify licenses online at [MyFloridaLicense.com](https://myfloridalicense.com)

ISSUED: 06/04/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





20-January-2025

Live Flyer, Inc.  
Attn: Mr. John Ward  
P.O. Box 2399  
Crestview, FL 32536  
[John@LiveFlyerInc.com](mailto:John@LiveFlyerInc.com)

Client Reference: Contract No. 230304  
Inner Marina Floating Dock Replacement

Our Reference: Project No. 240119  
Cedar Key Float Dock Replacement

Dear Mr. Ward,

It is my distinct pleasure to recognize the knowledge, skill and professionalism routinely demonstrated by Live Flyer, Inc. in the high quality completion of the fabricated aluminum float dock replacement project for the City of Cedar Key.

In order to establish an intuitively effective construction approach, Live Flyer, Inc. recommended and was accommodating in the re-sequencing of its work, to enable predecessor work by others to be completed prior to erection of the float docks.

Having suffered Hurricanes Debby and Helene in Cedar Key during the contract, I commend Live Flyer, Inc. for their excellent and prevalent "can do" positive attitude towards unexpected challenges in order to achieve all the City's goals for the work.

Thank you,

Mr. Jamie McCain  
Public Works Superintendent  
City of Cedar Key



Lyle Seigler  
Executive Director

## Northwest Florida Water Management District

81 Water Management Drive, Havana, Florida 32333-4712  
(U.S. Highway 90, 10 miles west of Tallahassee)

Phone: (850) 539-5999 • Fax: (850) 539-2777

9-May-2024

Live Flyer, Inc.  
Attn: John Ward - President  
Post Office Box 2399  
Crestview, FL 32536  
[John@LiveFlyerInc.com](mailto:John@LiveFlyerInc.com)  
(850) 815-8900

RE: Accolades - Williford Springs Improvements Project

Dear Mr. Ward,

It is with great pleasure that the District recognizes Live Flyer, Inc. for its high level marine workmanship, knowledge and skill in successfully constructing the proposed safety improvements and erosion protection measures at the Williford Springs Econfina Creek Water Management Area, which was completed on time and within budget.

The project presented significant challenges; dewatering of Williford Spring, to build the cast-in-place underwater structure and as the site is remote, delivery of suitable ready-mix concrete within allowable performance parameters. The substantial sand bag coffer cell you designed and constructed permitted effective dewatering of the spring, while withstanding the constant water pressure of the proximate boil.

As an alternative technical concept, the structures concrete was batched onsite, adjacent to the work, which mitigating the risk of poor quality concrete and eliminated coordination issues typical to the long-distance delivery of ready-mix material, which resulted in an improved project schedule and quality level of the completed work.

Outstanding job and the visitors have already been complimenting the District on the upgrades. Nice work John, looks great! Hats off to you guys!

Respectfully,

A handwritten signature in blue ink, appearing to read "Benjamin Faure".

Benjamin Faure - Chief  
Bureau of Land Management Operations

GEORGE ROBERTS  
Chair  
Panama City

JERRY PATE  
Vice Chair  
Pensacola

NICK PATRONIS  
Secretary  
Panama City

JOHN W. ALTER  
Malone

GUS ANDREWS  
DeFuniak Springs

TED EVERETT  
Chipley

KELLIE RALSTON  
Tallahassee

ANNA UPTON  
Tallahassee



# PASCO COUNTY, FLORIDA

*"Bringing Opportunities Home"*

- ☐ 37918 Meridian Avenue, Dade City, Florida 33525  
(352) 521-4111 – FAX (352) 521-4105
- ☐ 8731 Citizens Drive, New Port Richey, Florida 34654  
(727) 847-8100 – FAX (727) 847-8969

**District 1 - Ted Schrader**  
**District 2 - Mike Moore**  
**District 3 - Kathryn Starkey**  
**District 4 - Mike Wells**  
**District 5 - Jack Mariano**

12-September-2023

Live Flyer, Inc.  
Attn: Mr. John Ward - President  
647 Mill Road  
Carrabelle, FL 32322  
(850) 891-8900

Reference: **CONTRACT NO. IFB-JM-21-169**  
**AS-NEEDED MARINE PILINGS AND DAYMARKERS**

Pasco County is pleased to recognize the superb performance demonstrated by Live Flyer, Inc. in the routine successful completion of fixed marine marker installation. It is with high level confidence that Live Flyer, Inc. is hereby recommended in the performance of marine construction.

From the start, your team showcased excellent communication, professionalism, vast knowledge, exceptional skill, and resource stewardship. All requisite Contract work was completed successfully within the allowable duration and in accordance with the original budget.

We look forward to future opportunities in which to work with Live Flyer, Inc.

Sincerely,

Michael S. Smith - Contracting Officer  
Pasco County Coastal Management



**Office of Parks and Trails**

P.O. Box 7800 • 315 W. Main St. • Tavares, FL 32778

August 19, 2022

Live Flyer, Inc.  
Attn: Mr. John Ward - President  
647 Mill Road  
Carrabelle, FL 32322  
[John@LiveFlyerInc.com](mailto:John@LiveFlyerInc.com)  
(850) 815-8900

Reference: Butler Street Boat Ramp Improvements - Lake County Agreement No. 21-0918

Dear Mr. Ward,

It is the County unique pleasure to recognize the superb planning, execution and project performance demonstrated by Live Flyer, Inc. in the construction of a recreational landing, gangway and floating dock for the Office of Parks & Trails.

Despite the persistent and pervasive supply chain disruptions caused by the COVID-19 pandemic in the procurement of permanent materials, Live Flyer's resilience and persistence resulted in the Work being successfully competed on-time and within budget.

Furthermore, it is with confidence that Live Flyer, Inc. is hereby highly recommended as a contractor wholly possessing the knowledge, skill and desire to build high quality marine work, while overcoming adversity to consistently achieve client goals.

Sincerely,

Melving Isaac, P.E.  
Engineer II,  
Office of Parks & Trails

P 352.253.4950 • F 352.742.3870

Board of County Commissioners • [www.lakecountyfl.gov](http://www.lakecountyfl.gov)

**Douglas B. Shields**  
District 1

**Sean M. Parks, AICP, QEP**  
District 2

**Kirby Smith**  
District 3

**Leslie Campione**  
District 4

**Josh Blake**  
District 5

# CITY OF CARRABELLE CARRABELLE, FLORIDA

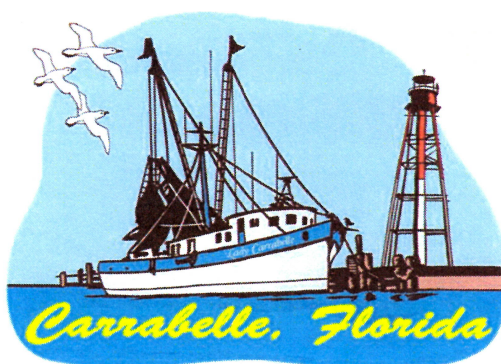
BRENDA LAPAZ  
MAYOR-COMMISSIONER

FRANKLIN MATHES  
COMMISSIONER

CAL ALLEN  
COMMISSIONER

SEBRINA BROWN  
COMMISSIONER

ANTHONY MILLENDER  
COMMISSIONER



DAN HARTMAN  
CITY ATTORNEY

COURTNEY DEMPSEY  
CITY ADMINISTRATOR

KEISHA MESSER  
CITY CLERK

1206 HWY 98 EAST  
CARRABELLE, FLORIDA 32322  
TELEPHONE: 850-697-3618  
FAX: 850-697-3156

November 1, 2021

Live Flyer Inc.

647 Mill Road

Carrabelle, FL 32322

Re: Letter of Recommendation

To Whom It May Concern:

Please accept this letter of recommendation for Live Flyer Inc. The City of Carrabelle engaged with this company to remove two derelict vessels from the Carrabelle River. John and his entire team are professional, communicative, responsive, timely and detailed.

The removal of the vessels were well-coordinated and completed in an efficient manner, and the company's experience and knowledge is evident.

Live Flyer LLC is a value-added company I highly recommend to consider to perform your services. Please don't hesitate to ask should you have any questions or wish to discuss the firm further.

Sincerely,

A handwritten signature in black ink, reading "Courtney M Dempsey".

Courtney M Dempsey, City Administrator City of Carrabelle



**Department of Environmental  
Resources Management**

2300 North Jog Road, 4th Floor  
West Palm Beach, FL 33411-2743

(561) 233-2400

FAX: (561) 233-2414

[www.pbcgov.com/erm](http://www.pbcgov.com/erm)



**Palm Beach County  
Board of County  
Commissioners**

Dave Kerner, Mayor

Robert S. Weinroth, Vice Mayor

Maria G. Marino

Gregg K. Weiss

Maria Sachs

Melissa McKinlay

Mack Bernard

**County Administrator**

Verdenia C. Baker

December 8, 2020

Mr. John Ward  
Live Flyer Inc.  
330 Coquina Avenue  
Ormond Beach, Florida 32174

To Whom It May Concern:

The Jewell Cove Mangrove Pod Project was a pilot project successfully constructed by Live Flyer, Inc. The company owner, John Ward placed a sectional barge along the existing seawall with a crane. He acquired the limestone rock and arranged the trucking and loading of the rock onto the barge. He then pushed the barge around the bridge with a rigid inflatable boat. Using a hydraulically controlled excavator with a thumb, he placed the limerock revetment in five discrete piles to provide additional oyster and mangrove habitat in the Lake Worth Lagoon. The five pods were planted with five mangroves in each pod.

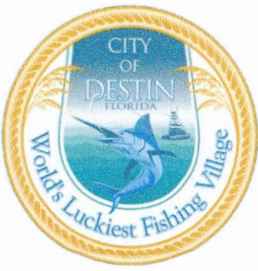
The planting of large mangroves into rock was a novel concept and John and his crew were enthusiastic and helpful in coming up with a new approach to the creation of additional wetland habitat.

ERM would like to thank John for his timely performance in the construction of the living shoreline project.

Sincerely,

A handwritten signature in black ink, reading "Carolyn Beisner".

Carolyn Beisner,  
Project Manager



# Parks & Recreation Department

4200 Indian Bayou Trail | Destin, FL 32541 | Phone: 850-650-1241 | [www.cityofdestin.com](http://www.cityofdestin.com)

10-March-2021

Live Flyer, Inc.  
647 Mill Road  
Carrabelle, FL 32322  
Office / Fax No. (850) 759-7888  
Mobile No. (407) 921-9282

Client Reference: RFB No. 19-17-REC  
Clement Taylor Park Replacement of Existing Seawall  
Letter of Referral - Live Flyer, Inc.

Dear Mr. Ward,

Live Flyer, Inc. displayed high-quality work and timely completion on a recent work project at the City's Clement Taylor Park, while performing the following work: structures demolition, aluminum bulkhead wall sheet pile driving, tiebacks, deadmen and beach sand fill for the seawall replacement. It is our pleasure to recommend Live Flyer, Inc. as a turnkey marine contracting and environmental firm.

Located along the Choctawhatchee Bay, Clement Taylor Park historically demonstrates the presence of artifacts of interest for preservation and analysis. As a known historical site for native Indian materials, high level coordination was established and maintained by the contractor with the onsite archeologist consultant, to evaluate proposed excavations.

During the sea wall replacement, Live Flyer routinely reported potential finds to the City's archeologist and suspended excavation as needed to assess artifacts of interest. Alternative locations of available production were identified, thereby mitigating artifact discovery delays. Live Flyer, Inc. achieved all the City's goals with excellence, and we look forward to future contracts.

Sincerely,

Lisa Ann Firth  
Director of Parks and Recreation  
City of Destin



3-March-2022

Live Flyer, Inc.  
Attn: Mr. John Ward  
647 Mill Road  
Carrabelle, FL 32322

Reference: ITB 2021-23 Spring Creek Channel Markers  
(Wakulla County, FL)

Dear Mr. Ward,

We are pleased to report the high-level performance demonstrated by Live Flyer, Inc. in the work referenced above. Having enjoyed routine communications and precise planning for the project, the contractor mobilized for the work as scheduled and successfully completed the project well within the allowable duration and as per the original budget.

Live Flyer, Inc. demonstrated heavy civil marine construction; knowledge, skill, desire and requisite resources as required to effectively execute the work. The contractor's flexibility to accommodate minor variations or refinements in the field, including recommended solutions, resulted in value added quality that was fit for purpose.

We look forward to future opportunities in which to solicit and competitively award marine construction projects to Live Flyer, Inc., while enjoying the confidence to expect that Live Flyer, Inc. would consistently and repeatedly achieve the County's project goals and objectives.

Sincerely,

Mr. Cody Solburg  
Director of Parks and Facilities Management



**CITY OF HOLLY HILL**  
1065 Ridgewood Avenue Holly Hill, Florida 32117  
[www.hollyhillfl.org](http://www.hollyhillfl.org)

**Building,  
Zoning,  
Licensing &  
Inspections**  
386-248-9442  
Fax 386-248-9498

**City  
Clerk**  
386-248-9441  
Fax 386-248-9448

**City  
Manager**  
386-248-9425  
Fax 386-248-9448

**Economic  
Development**  
386-248-9424  
Fax 386-248-9448

**Finance**  
386-248-9427  
Fax 386-248-9448

**Human  
Resources**  
386-248-9440  
Fax 386-248-9448

**Information  
Technology**  
386-248-9449  
Fax 386-248-9448

**Public  
Works**  
386-248-9463  
Fax 386-248-9499

**Recreation**  
386-248-9460  
Fax 386-248-9446

**Utility  
Billing**  
386-248-9432  
Fax 386-248-9448

October 2, 2020

Mr. John Ward - President  
Live Flyer, Inc.  
330 Coquina Ave.  
Ormond Beach, FL 32174  
[john@liveflyerinc.com](mailto:john@liveflyerinc.com)  
(407) 921-9282

RE: Design / Build Holly Hill Pedestrian Bridge Replacement

Dear Mr. Ward,

It is with great pleasure that this referral letter is published on behalf of Live Flyer, Inc. for their high-level performance in; designing, permitting, procuring and constructing the Holly Hill Pedestrian Bridge. Having been selected as the low cost producer and enjoying the highest technical score in the City's Design / Build Request for Proposal solicitation, Live Flyer, Inc. was selected over several firms.

From the onset, your firm established and maintained excellent communications and coordination, so that the City was always aware of the current status of any given component of the work or potential risk factor. One-to-one scale mock-ups of the proposed work were fabricated for the City to ensure program objectives were consistently achieved and adjustments incorporated as needed to accommodate any concern raised by the City.

As the worst of the virus pandemic impacts occurred during the project permitting phase, the U.S. Army Corps of Engineer's compliance group was particularly affected, causing an extensive permit review delay. However, Live Flyer's persistence ensured that requisite permits were garnered and accelerated field work production, to mitigate the impact of the virus and successfully complete the work on time and within budget.

Sincerely,

Steven Juengst  
Acting Assistant Public Works Director  
City of Holly Hill  
[sjuengst@hollyhillfl.org](mailto:sjuengst@hollyhillfl.org)  
(386) 248-9463



**Administrative &  
Contractual Services**

PO Box 1366  
Green Cove Springs, FL  
32043

Physical Address:  
477 Houston Street  
Admin. Bldg., 4<sup>th</sup> Floor  
Green Cove Springs, FL  
32043

Phone: 904-278-3766  
904-278-3761  
904-284-6388

Fax: 904-278-3728

**Acting County Manager**  
Lorin L. Mock

**Commissioners:**

Mike Cella  
District 1

Wayne Bolla  
District 2

Diane Hutchings  
District 3

Gavin Rollins  
District 4

Gayward F. Hendry  
District 5

[www.claycountygov.com](http://www.claycountygov.com)



Monday, April 8, 2019

Mr. John Ward  
Live Flyer Inc.  
330 Coquina Ave.  
Ormond Beach, FL 32174

Re: Letter of Appreciation and Recommendation

Mr. Ward,

It is my pleasure to provide you a letter of recommendation for future marine projects. Thank you for your professionalism and timely performance in removing several derelict vessels from the waterways of Clay County this past year.

Thank you for your motivation and quick performance in removal and disposal of several vessels that were aground and/or partially sunk. Your extensive knowledge and timely performance allowed us to meet grant removal deadlines and community commitments. It should also be noted that several residence shared their appreciation of your professionalism, kindness, and timely removal as well.

With your assistance, we were successful in reaching our goals of enhancing the environment and boater safety here in County. Please feel free to share this letter of recommendation with other agencies as well as my contact information for reference purposes. I look forward to working with you and your company on future projects.

Sincerely,

A handwritten signature in blue ink that reads "Karen Thomas".

Karen Thomas, CPPB, FCCN  
Dir. Of Administrative and Contractual Services

13-November-2018



Mr. John Ward  
Live Flyer, Inc.  
330 Coquina Avenue  
Ormond Beach, FL 32174  
(407) 921-9282

RE: Letter of Recommendation

To whom it may concern,

As John Ward has successfully demonstrated his knowledge, skill and desire to consistently achieve all project goals in the construction of several marine projects within Port Canaveral, it is my pleasure to recommend him for this classification of work.

His enthusiastic and optimistic attitude are contagious, which serve to motivate and energize project staff. Routinely, John has used resourcefulness and a "can do" attitude to overcome challenges and solve problems with creative planning and persistence.

I would not hesitate to have John on any of my marine projects. If you would like to further discuss his record and qualifications please contact me.

Thank you,

A handwritten signature in blue ink, appearing to read 'Tom Foxhoven', with a large, sweeping flourish at the end.

Tom Foxhoven  
Project Director  
Canaveral Port Authority  
(321) 783-7831 x255

**Port Canaveral**

445 Challenger Road Suite 301 Cape Canaveral, Florida 32920 USA  
321.783.7831 888.767.8826 [www.portcanaveral.com](http://www.portcanaveral.com)

Friday, March 1, 2019

Live Flyer, Inc.  
Attn: John Ward  
330 Coquina Avenue  
Ormond Beach, FL 32174  
[John@LiveFlyerInc.com](mailto:John@LiveFlyerInc.com)  
(407) 921-9282

**TO WHOM IT MAY CONCERN**

**RE: Referral Letter (Proven Past Performance)**

Regarding the Bulkhead Rehabilitation of the North Wharf in Castries, Saint Lucia BWI, John Ward successfully planned, procured and executed urgent soil anchor stabilization of the existing quay wall suffering significant deflection from plan location and thereby threatening, not just mooring of cruise vessels, but the retail tenants lining the wharf.

Having restrained the existing quay wall, constructed in the colonial era by the British, Mr. Ward furnished and installed hundreds of steel sheet piling, more than thirty meters in length, to establish a consistent and unyielding berthing line tied back to cast in place deadman and concrete encapsulation of the entire splash zone to enhance useful life.

The Saint Lucia Air and Sea Ports Authority (SLASPA) is pleased to report that all project goals were achieved; personnel safety, quality of the work performed, completion cost/schedule, while maintaining frequent vessel berthings within the active construction area. Therefore, we highly recommend Mr. Ward and please contact us as needed for any more clarification required.

Sincerely,

**SAINT LUCIA AIR AND SEA PORTS AUTHORITY**

  
.....  
**DAREN CENAC**

General Manager (Ag.)



JACOBS CH2M  
445 Challenger Road  
Suite 130  
Cape Canaveral, FL 32920  
321-392-4808  
[www.jacobs.com](http://www.jacobs.com)

November 2, 2018

Mr. John Ward  
Live Flyer Inc.  
330 Coquina Avenue  
Ormond Beach, Florida  
32174

To Whom It May Concern:

Since 2004 I have had the pleasure of working with John Ward on marine construction projects at Port Canaveral. These projects included concrete and steel pile driving, bulkhead walls, monopile and multi-pile mooring dolphins, dredging, grouted tie-back anchors, and articulated grouted scour protection mats.

Throughout these projects, John demonstrated a thorough knowledge of marine construction, and I always found that the construction workers under John conducted their work in a professional manner. When unexpected challenges arose, John responded to each with timely solutions and a "can do" attitude.

It is without hesitation that I submit this letter of recommendation for John Ward. John's extensive experience, professionalism, and knowledge will allow him to build a highly competent marine construction company. I look forward to working with John again on future projects. If you require any further information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Gary D. Ledford".

Gary D. Ledford, P.E.  
Project director



November 13, 2018

Dear Sir or Madame,

Having enjoyed working with Mr. John Ward in the design and construction of marine deep foundation systems throughout Florida and the Caribbean since 1999, I highly recommend Mr. Ward as having extensive knowledge and skill in heavy civil marine construction.

John's ability to consistently overcome difficult and varied field conditions, as well as unexpected soil strata has been routinely demonstrated. Additionally, his resilience to create alternative solutions in order to achieve all project goals has been consistent.

Therefore, please consider this document my professional support and recommendation for John Ward within the field of marine construction. We look forward to working together in the future and please contact me for more information as needed.

Thank you,

Mohamad Hussein, P.E.  
V.P./GRL Engineers, Inc.  
8000 South Orange Ave., suite 225  
Orlando, Florida 32809  
Office phone: (407) 826-9539  
Cell phone: (407) 257-0934  
[www.GRLEngineers.com](http://www.GRLEngineers.com)



[www.pile.com](http://www.pile.com)



# Department of Environmental Protection

2600 Blair Stone Road, M.S. 3565  
Tallahassee, Florida 32399-2400

**May 14, 2019**

Congratulations on successfully completing the Florida Stormwater Erosion and Sedimentation Control Inspector Training Program. I greatly appreciate your participation in and successful completion of this course. I hope that it has helped you to better understand Florida's stormwater problems and the importance of proper design, construction, and maintenance of erosion and sediment controls during construction, in order to assure the proper long-term operation and maintenance of stormwater systems after construction is completed.

Attached you will find your numbered certificate and wallet card. Please let me know if there are any errors in the certificate or card, or in the grading of your exam. If I can be of further assistance, please do not hesitate to contact me at 850/245-8294 or via email: [halton.lunsford@dep.state.fl.us](mailto:halton.lunsford@dep.state.fl.us).

John V. Ward

**DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
STORMWATER EROSION AND SEDIMENTATION CONTROL  
INSPECTOR TRAINING PROGRAM**

**John V. Ward**

*Class Date* **January 30, 2019** *Inspector Number* **42678**

**QUALIFIED STORMWATER MANAGEMENT INSPECTOR  
CURRENTLY DOES NOT EXPIRE**

## QUALIFIED STORMWATER MANAGEMENT INSPECTOR

The undersigned hereby acknowledges that

**John V. Ward**

has successfully met all requirements necessary to be fully qualified through  
the Florida Department of Environmental Protection Stormwater Erosion  
and Sedimentation Control Inspector Training Program

Hal Lunsford  
Statewide Training Coordinator

**January 30, 2019**

**Inspector Number 42678**

Kevin Coyne  
WQRP Program Administrator

# Certificate of Completion

PRESENTED TO

**John Ward**



for successfully completing 24 contact hours in the  
Florida Master Naturalist Program

**Coastal Restoration Special Topic**



Keely J. Ussie  
Module Instructor

3/6/20  
Date

[Signature]  
Dean for Extension

[Signature]  
Florida Master Naturalist Program Leader

**UF | IFAS**  
UNIVERSITY of FLORIDA

# INDIANA UNIVERSITY

Eppley Institute for Parks and Public Lands

congratulates and honors

## John Ward

who has successfully fulfilled the requirements for

### Florida Keys National Marine Sanctuary Boater Education

and is hereby awarded a

### CERTIFICATE OF COMPLETION



Stephen A. Wolter  
Executive Director, Eppley Institute for Parks and Public Lands  
Indiana University

**proValens**  
Learning

 **eppley**  
Institute for Parks and Public Lands  
INDIANA UNIVERSITY

Issued: June 6, 2019



# *Certificate of Completion*

**Florida Living Shorelines Training for Marine  
Contractors**

*for*

**JOHN WARD**

*Presented by Florida Sea Grant  
January 23, 2021*