



Levy County Board of County Commissioners  
Procurement Department  
310 School Street  
P.O. Box 310  
Bronson, FL 32621  
Phone: 352-486-5218, Ext. 2

October 28, 2024

Re: Courthouse Addition & Renovation – ITB\_2024\_013

Levy County Staff, Doug Barlowe, and the Court Facilities Committee reviewed two bids received for the above noted project on September 11, 2024. It was determined that McLaughlin & Company was the lowest bidder.

After some discussion regarding funding for this project it was determined that we would remove the Addition and have the lowest bidder perform the renovations of approximately 1800 square feet of interior space on the first floor and renovation of approximately 2400 square feet of the second floor. The new construction of one story, 1370 gross square foot addition will be removed from the bid and bid out separately at a later time pending funding.

Total Bid Award removing the Courthouse Addition: \$956,700

The Form of Agreement will be modified to reflect the above noted changes and brought back at a later date.

Article V Grant Fund still has \$1,245,500 available to fund this project.

Respectfully,

A handwritten signature in blue ink that reads "Ali Tretheway". The signature is fluid and cursive.

Ali Tretheway,  
Procurement Coordinator

**DEPARTMENT RECOMMENDATION OF AWARD  
(ITB, RFP, RFQ)**

**Project Name:** LEVY COUNTY COURTHOUSE ADDITION/RENOVATIONS

**BID ID:** 2024-013

**Bid Due Date:** 6/24/2024, 2:00 PM

**NO AWARD – REJECT ALL BIDS**

Justification for Now Award:

- Bids over Budget
- Only one Bid Received
- Other (Provide detailed Explanation Below):

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**RECOMMENDATION FOR INTENDED AWARD**

If straight low bid (no evaluation – i.e. construction, materials):

Recommended Bidder: McLauchlin & Company

Bid Award Amount: \$1,597,100.00

Alternate Bid: \$354,600

Justification for the Recommendation:

**LOWEST BIDDER** – Completion time 183 Days

**OR**

If ITB, RFP, RFQ (turn in evaluation notes, comments, points, etc.) Recommended Ranking:

Ranking	Vendor Name
1	McLauchlin & Company - \$1,597,100.00
2	Gray Construction Services - \$1,910,423.00
3	
4	
5	
6	
7	
8	

Bid Award Amount: \$1,597,100.00

Justification for Recommendation:

McLauchlin & Company is the Low Bidder

I hereby certify the recommended straight low bidder/vendor ranked No. 1 is the most responsive and responsible bidder meeting all requirements, certifications, forms, and/or minimum criteria/qualifications listed below:

- 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  CERTIFICATE OF INSURABILITY – AS NOTED IN PART 2, SUBSECTION 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  VENDOR INFORMATION FORM  W9

Recommended by: Ali Trotheway Title: Procurement Coordinator Date: 10/28/2024

BOCC Approval Required:  Yes (if yes, enter meeting date/time)  No Meeting Date/Time: November 5, 2024, 9:00 AM



Levy County Board of County Commissioners  
 Procurement Department  
 310 School Street  
 P.O. Box 310  
 Bronson, FL 32621  
 Phone: 352-486-5218, Ext. 2

PRE-BID SIGN-IN SHEET - ITB-2024-013 - 6/14/24 - 2pm

NAME	BUSINESS NAME	EMAIL ADDRESS	PHONE NUMBER
Ali Tretheway	BCCC	tretheway-ali@levycount.org	352-486-5218
Mara Cruz	Blackwater Construction	Mara@blackwaterest.com	850.701-8498
Scotty Parker	Qualified Plumbing	QualifiedPlumbing@ATT.NET	352-949-1067
JAMES PATTS	GRAY ROOST. SERVICES	jpatts@gray-construction.com	352-598-2003
Monica Chavez	ARKEST LLC	arkest@att.net	407-409-9241 / 904-444-6580
Ashlyn Conrad	Decker Construction	ashlyn@decker.com	272-626-8925
Molli Bemis	Vision General contractors	Molli@viscongc.com	770-769-4674 x.188
Dennis Ramsey	AKEA, Inc.	dramsey@akeainc.com	352-284-9271
NATE WATSON	SCORPIO Co.	nate@scorpioco.com	352 215 3996
RODNEY HYDEN	BH BUILDERS, INC	rodney@bhbuilders.com	352-333-7716
Bandy Highsmith	BH Builders Inc	Randy@bhbuilders.com	352-333-7716
Clayton Bratcher	McLauchlin & Company	cbratcher@mclauchlin.com	352-502-3624

NAME	BUSINESS NAME	EMAIL ADDRESS	PHONE NUMBER
Dennis Hoffmann	T.C.R	DHOFFMAN@TAYLORCUTAWRIDGERS.COM	352 776-7134
Joshua Bates	Joyner construction	info@joyner-construction.net	321-376- 2335
Dan Barlow	BBBA	danbarlow@bbba.com	870-224-4701
Joseph Kurring	Security Safe	joseph@securitysafe.com	386-935-2832
Will Thompson	Foresight Construction	Blong@foresightcgi.com	352-278-0443
Tyler Holly	WH Construction	tyler@whconstructionfl.com	352-234-5526
Danny Pilcher	WH construction	danny@whconstructionfl.com	352-538-6694
Keith Thompson	ACE	Keith@acecontractinginc.com	352-372-9878
Pat Myers	Pat Myers Electric	pat@patmyerselectric.com	352-789-8194



Levy County Board of County Commissioners  
 Procurement Department  
 310 School Street  
 P.O. Box 310  
 Bronson, FL 32621  
 Phone: 352-486-5218, Ext. 2

BID OPENING SHEET

DATE: 6/24/24 TIME: 2:00PM BID IDENTIFIER: ITB-2024-013 BID NAME: Courthouse Addition & Renovation

STAFF/BIDDERS/PUBLIC	SIGNATURE	DEPARTMENT/COMPANY
Ali Trefuway	Ali Trefuway	Procurement Dept.
W De-	W De-	Board
Karen Cashdollar	Karen Cashdollar	8th Judicial Circuit

# Tabulation Sheet

# UNOFFICIAL RESULTS

**Agency Name** Levy County Board of County Commissioners



**Bid Number** ITB-ITB\_2024\_013-0-2024/AT

**Bid Name** Levy County Courthouse Addition & Renovation

**Bid Due Date** 07/11/2024 14:00:00 Eastern

**Bid Opening** Closed

2 responses found.

✓ online, 
  offline, 
 ● not submitting, 
  not received

Company	Responded	Address	Bid Amount	Alt Bid Amount	Declared Attributes	Documents	Sent
<b>Complete</b>							
1 . Gray Construction Services	07/11/2024 13:53:22 Eastern	222 West Wade Street, Trenton, FL, 32693	\$1910423.00 00	601270.0000		Bid Document	✓
2 . McLauchlin & Company	07/11/2024 13:50:34 Eastern	3019 SW 27th Avenue, Suite 102, Ocala, FL, 34471	\$1597100.00 00	354600.0000		Bid Document	✓



LEVY COUNTY BOARD OF COUNTY COMMISSIONERS  
 PROCUREMENT DEPARTMENT  
 P.O. BOX 310  
 BRONSON, FL 32621  
 PHONE: (352) 486-5218 EXT. 2  
 FAX: (352) 486-5167  
 EMAIL: [TRETHERWAY-ALI@LEVYCOUNTY.ORG](mailto:TRETHERWAY-ALI@LEVYCOUNTY.ORG)

**COVER PAGE**

**ITB\_2024\_013 – LEVY COUNTY COURTHOUSE ADDITION & RENOVATION**

**LAST DAY FOR QUESTIONS: 6/14/2024, 4:00 PM**

**DUE DATE AND TIME: 6/24/2024, 2:00 PM**

**SUMMARY OF SCOPE:** Levy County is seeking services of a qualified Licensed Certified Building or General Contractor to add an addition and renovate an existing building located at 355 South Court Street, Bronson, FL 32621, owned by the Levy County Board of County Commissioners.

**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 the 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\*\* (optional, but refer to note below)
- CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM
- CONTRACT EXCEPTION FORM
- VENDOR INFORMATION FORM
- W9
- CERTIFICATE OF INSURANCE – TO PROVIDE PROOF OF INSURANCE COVERAGES AS NOTED IN SUBSECTION 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:** McLauchlin & Company  
**Name:** Dean Blowers  
**Address:** 3019 SW 27th Ave Suite 102 Ocala, FL 34471  
**Mailing Address (if Different):** \_\_\_\_\_  
**Email Address (Required):** info@mclauchlin.com  
**Telephone:** 352-873-3900 **FEIN:** 59-2686926

By signing the 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:** \_\_\_\_\_

**DATE SUBMITTED:** 7/11/2024

**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 Work, Intent and General Information, General Conditions, Bid Form and Required and Optional Forms, Specifications, Contract Documents, any addenda that may have been issued, and any other documentation for ITB\_2024\_013, Levy County Courthouse Addition & Renovation. Total bid price shall constitute the cost portion of the determination of bid award.

Total bid price shall include all necessary items and equipment that meets the Scope of Work and all requirements therefor contained in this Invitation to Bid:

Item	Description	Qty.	Total Price
1	New Construction of one story, 1,370 gross square foot addition.	1	\$ 995,000.00
2	Renovation of approximately 1800 square feet of interior Space at first floor.	1	\$ 602,100.00
<b>Total Bid</b>			<b>\$ 1,597,100.00</b>

Total Bid in Words: One million five hundred ninety seven thousand one hundred dollars.

Time for Completion:

183 Days

Alternate Bid:

Item	Description	Qty.	Total Price
1	Renovation of approximately 2,400 square feet of the second floor.	1	\$ 354,600.00
<b>Total Bid</b>			<b>\$ 354,600.00</b>

Total Alternate Bid in Words: Three hundred fifty four thousand six hundred dollars.

Time for Completion:

SEE ABOVE Days

Bid shall be firm for the contract period. Please list any substitutions (if any), on a separate page.

Name of Business: McLauchlin & Company

Contact Person: Dean Blowers

Email Address: info@mclauchlin.com

Phone Number: 352-873-3900

Date: 7/11/2024

Authorized Signature: 

**THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL**





**McLAUGHLIN & COMPANY**

GENERAL CONTRACTOR • DESIGN BUILDERS • CONSTRUCTION MANAGERS • SINCE 1986

## **Levy County ITB 2024-013 Levy County Courthouse Addition & Renovations**

### **Substitutions/Clarifications:**

1. The price breakdown between items 1 & 2 on the bid pricing form is approximate and for informational purposes only and not to be used as an alternate deduct. Certain scopes of work are integral to both items 1 & 2. For example, mechanical design for both new construction and renovation on first floor is not a clean split between the two scopes. This is applicable to multiple trades.
2. Substitute custom grade cabinetry in lieu of AWI certification and labels.
3. Substitute melamine interior cabinet construction in lieu of Plastic Laminate interior cabinet construction.
4. Substitute standard construction demolition and debris removal in lieu of spec section 017419 (Construction waste management and disposal).
5. No specification provided for cameras, wireless access and structured cabling. No bid provided for these items.
6. Specification for Horizontal Louver Blinds (122113) was provided but not shown on plans, no bid provided for these items.
7. Spec section 040120.63 (Brick Masonry Repair) is included at an allowance of \$7500.00 as no parameters nor limits for brick repair are given.

Executed in 2 Counterparts

**Bid Bond**

**CONTRACTOR:**

*(Name, legal status and address)*

McLaughlin & Company  
3019 Southwest 27th Avenue, Ste 102  
Ocala, FL 34471

**SURETY:**

*(Name, legal status and principal place of business)*

Westfield Insurance Company  
P.O. Box 5001  
Westfield Center, OH 44251-5001

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification. Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

**OWNER:**

*(Name, legal status and address)*

Levy County Board of County Commissioners  
P.O. BOX 310  
BRONSON, FL 32621

**BOND AMOUNT:**

5% Five Percent of Amount Bid

**PROJECT:**

*(Name, location or address, and Project number, if any)* LEVY COUNTY COURTHOUSE ADDITION & RENOVATION, 355 South Court Street, Bronson, FL 32621 Project Number, if any: ITB\_2024\_013

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 11th day of July, 2024

*(Witness)* 

McLaughlin & Company  
*(Principal)*  *(Seal)*

By:   
*(Title)* President

*(Witness)*  Steve Engelhart

Westfield Insurance Company  
*(Surety)* 

By:   
*(Title)* Jeffrey W. Reich, Attorney-in-Fact & FL Licensed Resident Agent  
Inquiries: 407-786-7770



By arrangement with the American Institute of Architects, the National Association of Surety Bond Producers (NASBP) ([www.nasbp.org](http://www.nasbp.org)) makes this form document available to its members, affiliates, and associates in Microsoft Word format for use in the regular course of surety business. NASBP vouches that the original text of this document conforms exactly to the text in AIA Document A310-2010, Bid Bond. Subsequent modifications may be made to the original text of this document by users, so careful review of its wording and consultation with an attorney are encouraged before its completion, execution or acceptance.

General  
Power  
of Attorney

**Westfield Insurance Co.  
Westfield National Insurance Co.  
Ohio Farmers Insurance Co.**  
Westfield Center, Ohio

CERTIFIED COPY

Know All Men by These Presents, That WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, corporations, hereinafter referred to individually as a "Company" and collectively as "Companies," duly organized and existing under the laws of the State of Ohio, and having its principal office in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint Jeffrey W. Reich

of Maitland and State of FL its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver the following bond:

Surety Bond Number: Bid Bond  
Principal: McLaughlin & Company  
Obligee: Levy County Board of County Commissioners

and to bind any of the Companies thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of each of the WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY:

"Be It Resolved, that the President, any Senior Executive, any Secretary or any Fidelity & Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed by the President and sealed and attested by the Corporate Secretary."

"Be It Further Resolved, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000).

In Witness Whereof, WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY have caused these presents to be signed by their National Surety Leader and Senior Executive and their corporate seals to be hereto affixed this 01st day of May A.D., 2024.

Corporate  
Seals  
Affixed



WESTFIELD INSURANCE COMPANY  
WESTFIELD NATIONAL INSURANCE COMPANY  
OHIO FARMERS INSURANCE COMPANY

By: Gary W. Stumper, National Surety Leader and Senior Executive

State of Ohio  
County of Medina ss.:

On this 01st day of May A.D., 2024, before me personally came Gary W. Stumper to me known, who, being by me duly sworn, did depose and say, that he resides in Medina, OH; that he is National Surety Leader and Senior Executive of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, the companies described in and which executed the above instrument; that he knows the seals of said Companies; that the seals affixed to said instrument are such corporate seals, that they were so affixed by order of the Boards of Directors of said Companies; and that he signed his name thereto by like order.

Notarial  
Seal  
Affixed



David A. Kotnik, Attorney at Law, Notary Public  
My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

State of Ohio  
County of Medina ss.:

I, Frank A. Carrino, Secretary of WESTFIELD INSURANCE COMPANY, WESTFIELD NATIONAL INSURANCE COMPANY and OHIO FARMERS INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Companies, which is still in full force and effect; and furthermore, the resolutions of the Boards of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seals of said Companies at Westfield Center, Ohio, this 11th day of July A.D., 2024



Frank A. Carrino, Secretary

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 Board of County Commissioners

By Dean Blowers, President  
(Print this individuals name and title)

For McLauchlin & Company  
(Print name of entity submitting statements)

Whose business address is 3019 SW 27th Avenue, Suite 102, Ocala, FL 34471

and if applicable whose Federal Employer Identification Number (FEIN) is 59-2686926.

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

\_\_\_\_\_

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 "convection" 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]

(Signature)

State of Florida

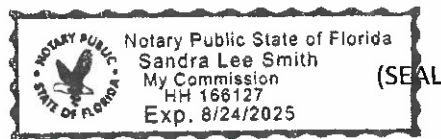
County of Marion

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 11th day of July, 20 24, by Dean Blowers (name), as President (title) for McLauchlin & Company (name of bidder) Personally known  OR Produced Identification  (type of identification).

[Signature]

(Signature) Notary Public

Sandra Lee Smith



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

My Commission expires 8/24/2025

**THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL**

NON-COLLUSION AFFIDAVIT

I, Dean Blowers of the County of Marion

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

1. I am President of the firm of McLauchlin & Company 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)

7-11-24  
(Date)

State of Florida  
County of Marion

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 11 day of July, 20 24, by Dean Blowers (name), as President (title) for McLauchlin & Company (name of bidder) Personally known  OR Produced Identification  (type of identification).

[Signature]  
(Signature) Notary Public



(SEAL)

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

My Commission expires 8/24/2025

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

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: McLauchlin & Company

Home Office Address: 3019 SW 27th Ave Suite 102

City, State, Zip: Ocala, FL 34471

Address (Servicing Levy County if Different from Above): N/A

Name/Title of Levy County Representative: \_\_\_\_\_

Email: \_\_\_\_\_


Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 Dated 6/6/2024 Signature 

Addendum No. 2 Dated 7/3/2024 Signature \_\_\_\_\_

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

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


**THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL**

**DRUG-FREE WORKPLACE FORM**

The undersigned Bidder in accordance with Section 287.087, Florida Statutes hereby certifies that the Bidder McLauchlin & Company (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: McLauchlin & Company  
Signature:   
Title: President  
Date: 7/11/2024

**THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL**



**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:

\_\_\_\_\_ N/A \_\_\_\_\_ N/A

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

\_\_\_\_\_ N/A \_\_\_\_\_ N/A

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

\_\_\_\_\_ N/A \_\_\_\_\_ N/A

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

\_\_\_\_\_ N/A \_\_\_\_\_ N/A

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

\_\_\_\_\_ N/A \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

None of the above applicable:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Dean Blowers

Bidder Name: \_\_\_\_\_ McLauchlin & Company


Date: \_\_\_\_\_ 7/11/2024

**THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL**

**CONTRACT EXCEPTION FORM**

Any bidder who requires/requests revision(s) to the Form of Contract (contained in Section III 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 proposals 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.

<b>Request for revision to Form of Contract</b>
<b>Identify the specific Contract provision(s) that Proposer takes exception to:</b>
Section 12: Insurance
<b>Explain the specific revision(s) that are being requested (such as, delete the provision or modify it to state. . . .)</b>
We currently have the following limits, which are common on other projects of this size and scope.  <b>Work Comp</b> \$1M each accident \$1M each employee \$1M for disease  <b>Professional Liability</b> - We currently do not have this coverage as its not a design-build situation. <u>We will provide the Professional Liability coverage if awarded the project.</u>  <b>Public Liability</b> Included under limits in G/L \$300,000  <b>General Liability</b> \$1M per occurrence \$2M aggregate \$2M products & completed operations  <b>Auto</b> \$1M each accident  We also have a \$5 million dollar umbrella policy. <u>Which gives us limits of \$2,000,000/\$7,000,000 which exceeds the requirements. See attached certificate of insurance.</u>

Signature:  Printed Name: Dean Blowers

Bidder Name: McLauchlin & Company

Date: 7/11/2024

**THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL**

VENDOR INFORMATION FORM

DATE: 7/11/2024

COMPANY NAME: McLauchlin & Company

PHYSICAL ADDRESS: 3019 SW 27th Ave., Suite 102

MAILING ADDRESS: Same as above

CITY: Ocala STATE: Florida ZIP: 34471

TELEPHONE NUMBER: 352-873-3900

FAX NUMBER: 352-873-0755

TOLL FREE NUMBER: N/A

EMAIL: info@mclauchlin.com

FEID NUMBER: 59-2686926 OR SSN:

CONTACT PERSON: Dean Blowers

TITLE: President

CONTACT NUMBER: 352-873-3900

\*\*\*\*\*

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.

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

**Request for Taxpayer  
Identification Number and Certification**

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p><b>The Lachlan Group Inc.</b></p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above.</p> <p><b>McLaughlin &amp; Company</b></p>	
	<p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor    <input type="checkbox"/> C corporation    <input checked="" type="checkbox"/> S corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .</p> <p><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/></p>	
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p> <p><b>3019 SW 27th Ave Suite 102</b></p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p> <p><b>Ocala, FL 34471</b></p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
5	9	-	2	6	8	6	9	2	6

**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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date <u>7/10/24</u>
------------------	--------------------------	---------------------

**General Instructions**

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

**INSURANCE CONFIRMATION**

On behalf of our client, The Lachlan Group, Inc. dba McLauchlin & Company  
This Agency has attached a Certificate of Insurance (COI) regarding insurance that is currently in place. In addition, we are currently working on a Professional Liability quote due to the project requirements. Once quote is received and the terms are agreed by the Lachlan Group, then we will be able to bind if our client is awarded the project.

  
\_\_\_\_\_  
Signature of Agent

Brown & Brown Insurance Services  
Agency

Matthew Seese  
\_\_\_\_\_  
Print Name & Title

Sr. VP / Office Leader  
\_\_\_\_\_  
Title

1720 SE 16<sup>th</sup> Ave, Suite 301  
Ocala, FL 34471  
\_\_\_\_\_  
Address

ITB 2024-03 Levy County Courthouse  
Project No.

1/11/2024  
\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/24/2024

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> Brown & Brown Insurance Services, Inc. 1720 SE 16th Avenue, Suite 301  Ocala FL 34471	<b>CONTACT NAME:</b> Sonja Waters <b>PHONE (A/C, No, Ext):</b> (352) 732-5010 <b>E-MAIL ADDRESS:</b> Sonja.Waters@bbrown.com <b>FAX (A/C, No):</b> (352) 732-5344																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>BITCO General Insurance Corporation</td> <td>20095</td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	BITCO General Insurance Corporation	20095	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
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INSURER B :																					
INSURER C :																					
INSURER D :																					
INSURER E :																					
INSURER F :																					
<b>INSURED</b> The Lachlan Group, Inc. dba McLaughlin & Company 3019 SW 27th Ave., Suite 102 Ocala FL 34471																					

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> 2023	<b>REVISION NUMBER:</b>
------------------	---------------------------------	-------------------------

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Included <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CLP 3 735 151	10/02/2023	10/02/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 150,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG deductible \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAP 3 735 152	10/02/2023	10/02/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP- Basic \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			CUP 3 735 153	10/02/2023	10/02/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC 3 735 150	10/02/2023	10/02/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

**CERTIFICATE HOLDER**

McLaughlin & Co. 3019 SW 27th Ave Suite 102 Ocala FL 34471
---

**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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[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

## Detail by Entity Name

Florida Profit Corporation  
THE LACHLAN GROUP, INC.

### Filing Information

Document Number	J15821
FE/EIN Number	59-2686926
Date Filed	05/21/1986
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	02/05/2013
Event Effective Date	NONE

### Principal Address

3019 SW 27TH AVE  
STE 102  
OCALA, FL 34471

Changed: 04/14/2020

### Mailing Address

3019 SW 27TH AVE  
STE 102  
OCALA, FL 34471

Changed: 04/14/2020

### Registered Agent Name & Address

BLOWERS, DEAN  
3019 SW 27th Ave Ste 102  
Ocala, FL 34471

Name Changed: 02/05/2013

Address Changed: 05/01/2020

### Officer/Director Detail

#### Name & Address

Title CEO

MCLAUHLIN, BEN GERALD  
3019 SW 27th Ave Ste 102  
Ocala, FL 34471

Title PST

BLOWERS, DEAN  
3019 SW 27th Ave Ste 102  
Ocala, FL 34471

Annual Reports

Report Year	Filed Date
2022	04/18/2022
2023	03/23/2023
2024	04/18/2024

Document Images

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<a href="#">02/05/2013 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">04/18/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/16/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/19/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">01/14/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">03/26/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">04/15/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/19/1995 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>



**APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

**REGISTRATION# G20000015635**

**Fictitious Name to be Registered: MCLAUGHLIN & CO**

**Mailing Address of Business:** 3019 SW 27TH AVE STE 102  
OCALA, FL 34471

**Florida County of Principal Place of Business:** MARION

**FEI Number:**

**FILED**  
**Feb 03, 2020**  
**Secretary of State**

**Owner(s) of Fictitious Name:**

THE LACHLAN GROUP INC.  
3019 SW 27TH AVE STE 102  
OCALA, FL 34482  
Florida Document Number: J15821  
FEI Number: 59-2686926

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

BEN MCLAUGHLIN  
\_\_\_\_\_  
Electronic Signature(s)

02/03/2020  
\_\_\_\_\_  
Date

**Certificate of Status Requested ( )**

**Certified Copy Requested ( )**

Ron DeSantis, Governor



Melanie S. Griffin, Secretary



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

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



**MCLAUCHLIN, BEN G**  
MCLAUCHLIN & COMPANY  
1204 SE 3RD STREET  
OCALA FL 34471

LICENSE NUMBER: CGC019761

EXPIRATION DATE: AUGUST 31, 2024

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



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