



County of Levy
Procurement

310 School Street, Suite 112, Bronson, FL 32621

[QUALITY EQUIPMENT & PARTS, INC.] RESPONSE DOCUMENT REPORT

ITB No. ITB_2026_02

Levy County Solid Waste Compactor

RESPONSE DEADLINE: March 27, 2026 at 10:00 am

Report Generated: Friday, March 27, 2026

Quality Equipment & Parts, Inc. Response

CONTACT INFORMATION

Company:

Quality Equipment & Parts, Inc.

Email:

govservices@qepusa.com

Contact:

Randy McKenzie

Address:

4894 NW US HWY 41

Lake City, FL 32055

Phone:

(386) 754-6187

Website:

<https://www.qepusa.com>

Submission Date:

Mar 25, 2026 10:49 AM (Eastern Time)

ADDENDA CONFIRMATION

No addenda issued

QUESTIONNAIRE

1. Bid Proposal*

BID_PROPOSAL_Q02477_(BUILTRITE).PDF
BID_PROPOSAL_Q02453_(ROTOBEC).pdf

2. Is Bidder a small or minority business, women's business enterprise, or labor surplus area firm? *

Yes

3. Sworn Statement on Public Entity Crime*

Please download the below documents, complete, and upload.

- [SWORN STATEMENT ON PUBLIC E...](#)

Crime_Statement.pdf

4. Non-Collusion Affidavit*

Please download the below documents, complete, and upload.

- [NON-COLLUSION.pdf](#)

Non_Collusion.pdf

5. Drug-Free Workplace Certification*

Please download the below documents, complete, and upload.

- [DRUG-FREE WORKPLACE FORM.pdf](#)

DRUG-FREE_WORKPLACE_FORM.pdf

6. Anti-Human Trafficking Affidavit*

Please download the below documents, complete, and upload.

- [ANTI-HUMAN TRAFFICKING AFFI...](#)

Anti_Human_Trafficking.pdf

7. Foreign Country of Concern Affidavit

Please download the below documents, complete, and upload.

- [Foreign Country of Concern ...](#)

Foreign_Country_of_Concern_Affidavit_Signed.pdf

8. Do you have any conflicts of interest?*

No

9. Certificates of Insurance*

AS PROOF OF INSURANCE COVERAGES REQUIRED IN SECTION [INSURANCE REQUIREMENTS](#)

Levy_County_Insurance_Add_Insured.pdf

10. Evidence that the bidder is qualified to transact business in the State of Florida*

Upload your SunBiz Registration here.

Corp_Annual_Report_SunBiz.pdf

11. Copies of any current licenses or certifications required*

2025-2026_Columbia_County_Business_Receipt.pdf

12. Will you be using subcontractors?*

Yes

LIST OF SUBCONTRACTORS*

Upload a list of your subcontractors here.

Subcontractors.pdf

13. W-9 Copy*

QEP_W9_2026.pdf

14. Bid Bonds*

Bid_Bond_Sentry.pdf

15. Contract Exception Form

Please download the below documents, complete, and upload.

- [CONTRACT EXCEPTION FORM.pdf](#)

Contract_Exception.pdf



Quality Equipment & Parts

4894 NW US Highway 41 • Lake City, Florida 32055

Phone (386) 754-6186 • Fax (386) 888-1413

www.qepusa.com

DEVELON



Ship To: LEVY COUNTY TRANSFER STATION/SOLID WASTE
 12051 NE 69TH LANE
 WILLISTON FL 32621

Invoice To: LEVY COUNTY BOARD OF COUNTY COMMISSIONERS
 310 SCHOOL STREET
 BRONSON FL 32621

Branch 01 - LAKE CITY		
Date 03/24/2026	Time 13:06:58 (O)	Page 1
Account No LEVY002	Phone No 3524863300	Inv No 03 Q02477
Ship Via	Purchase Order	
Tax ID No		
RANDY MCKENZIE		Salesperson RM1

EQUIPMENT ESTIMATE - NOT AN INVOICE

Description **** Q U O T E **** EXPIRY DATE: 12/31/2025 Amount

New BUILTRITE 2150SE Stationary Electric Variable Frequency 395400.00

****BOOM DATA****

Horizontal Reach = 25'6"-28'6", depending upon approved layout
 Fabricated, hip (bent) styled main boom (for working below grade) and straight jib boom with wristing linkage (for articulating the grapple up and down).
 3" (76mm and 3.0" (76mm) cylinder pins.
 Aluminum bronze bushings at all boom pivot points.
 High pressure, double acting, heavy walled cylinder tube with cushioned stops. Wear rings on both pistons and glands.
 Accumulators on main lifters to cushion shock loading.
 Continuous rotation, or up to 310° of rotation on 39" (991mm) Diameter Bearing.
 Piston Pump
 Main valve on the handler to minimize hydraulic tube runs
 Heavy Duty Oil Cooler 33HP, AW46 Hydraulic Oil
 100 HP, 440 Volt, TEFC Electric Motor

****OPERATOR'S CAB****

39" x 62" Fully Insulated, Cab Equipped w/ Sliding Door, Wiper/Washer, Defroster, Dome Light, and Deluxe Bucket Seat.
 AM/FM, USB, Bluetooth, Heat & Air Conditioner
 LED Exterior Lights
 Electronic Operator Controls - Installed in seat pods with hand swing control
 Parker IQAN System with MD4 7-inch Display Module
 Allows operator adjustments to be made for individual preference
 Remote diagnostic capability
 Cab access via ladder or stairway (if catwalk option purchased)

Good for thirty (30) days from date of quote. This estimate is not a contract. Estimate is based on initial inspection. Does not cover any issues that came up when work started. Prices not guaranteed.

Visit our Website



Thank You For Your Business!



Quality Equipment & Parts

4894 NW US Highway 41 • Lake City, Florida 32055

Phone (386) 754-6186 • Fax (386) 888-1413

www.qepusa.com

DEVELON



Ship To: LEVY COUNTY TRANSFER STATION/SOLID WASTE
12051 NE 69TH LANE
WILLISTON FL 32621

Invoice To: LEVY COUNTY BOARD OF COUNTY COMMISSIONERS
310 SCHOOL STREET
BRONSON FL 32621

Branch 01 - LAKE CITY		
Date 03/24/2026	Time 13:06:58 (O)	Page 2
Account No LEVY002	Phone No 3524863300	Inv No 03 Q02477
Ship Via	Purchase Order	
Tax ID No		
RANDY MCKENZIE		Salesperson RM1

EQUIPMENT ESTIMATE - NOT AN INVOICE

Description **** Q U O T E **** EXPIRY DATE: 12/31/2025 Amount

****PEDESTAL BASE****

33.5" (851mm) high pedestal base with inspection porthole. We will match the bolt pattern of your existing loader at no additional Variable Frequency Drive (eliminates spike loads), breaker/disconnect in N.E.M.A. enclosure. 2 stage, polyurethane finish. Standard colors are Builtrite yellow (construction yellow) with gray highlights. Custom colorable upon request.
1 Complete Manual Set

******INCLUDING THE FOLLOWING OPTIONS******

2150-SE-VFD	Stationary	\$336,500.00
	Electric Variable Fre	
ADDITIONAL DAYS	Additional days	\$1,250.00
	onsite charge	
AUTO LUBE SYSTEM	Wristing Action Boom	\$20,100.00
	(w/bucket linkage)	
CAB BEACON	Rotating light	\$1,020.00
	installed on top of cab	
CAB GUARD	Front only -	\$2,500.00
	Horizontal bars install	
CONTINUOUS ROTATION	Hydraulic/Electric	\$13,600.00
	Combo	
FIRE EXTINGUISHER	Installed inside the	\$400.00
	cab with brackets	
FIXED CAB RISER	Priced per foot	\$2,100.00
	above std 2' riser	
INSTALL ASSIST	Install Assistance &	\$16,100.00
	Operations Training 2 days	
PA SYSTEM	Mounted to cab to	\$1,830.00
	communicate with floor perso	

New BUILTRITE TAMP21HD 21" HD wide Tamping Grapple 31800.00

******INCLUDING THE FOLLOWING OPTIONS******

Good for thirty (30) days from date of quote. This estimate is not a contract. Estimate is based on initial inspection. Does not cover any issues that came up when work started. Prices not guaranteed.

Visit our Website



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Quality Equipment & Parts

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Phone (386) 754-6186 • Fax (386) 888-1413

www.qepusa.com

DEVELON



Ship To: LEVY COUNTY TRANSFER STATION/SOLID WASTE
 12051 NE 69TH LANE
 WILLISTON FL 32621

Invoice To: LEVY COUNTY BOARD OF COUNTY COMMISSIONERS
 310 SCHOOL STREET
 BRONSON FL 32621

Branch 01 - LAKE CITY		
Date 03/24/2026	Time 13:06:58 (O)	Page 3
Account No LEVY002	Phone No 3524863300	Inv No 03 Q02477
Ship Via	Purchase Order	
Tax ID No		
RANDY MCKENZIE		Salesperson RM1

EQUIPMENT ESTIMATE - NOT AN INVOICE

Description **** Q U O T E **** EXPIRY DATE: 12/31/2025 Amount

TAMPING GRAPPLE " HD wide Tamping
 \$31,800.00

Grapple

which provides the ability to sort out unwanted debris from the waste stream
 The cylinder and timing link are encased in the lower head, keeping them out of harm's way
 High tensile steel used throughout
 Oversized, hardened cylinder and arm pivot pins with replaceable bushings
 High-pressure cylinders

New MISCELLANEOUS Parts & Labor to mount loader 31850.00

****INCLUDING THE FOLLOWING OPTIONS****

Turnkey disassembly of old loader and moving it to a determined spot on your yard. Mounting of the new loader, power unit and plumbing & electrical. Parts include by not limited to: Custom made Gates hydraulic hoses & fittings onsite. Electrical and controls wiring to cab. Not responsible for foundation or any loose studs as a result of old loader strain or removal. See price breakdown:

3 days with three men @ \$4,500 per day \$12,000
 Travel to & from jobsite and transport of boom \$1,950
 Hose, fittings, oil, conduit and misc. \$3,750
 Electrical subcontracted \$2,900
 Mezzanine or catwalk modified to fit power unit underneath and beside the loader. \$3,750
 Crane rental with operator and rigging \$7,500

Miscellaneous Charges/Credits

DELIVERY Qty: 1 Price: 7500.00 7500.00

Good for thirty (30) days from date of quote. This estimate is not a contract. Estimate is based on initial inspection. Does not cover any issues that came up when work started. Prices not guaranteed.

Visit our Website



Thank You For Your Business!



Quality Equipment & Parts

4894 NW US Highway 41 • Lake City, Florida 32055

Phone (386) 754-6186 • Fax (386) 888-1413

www.qepusa.com

DEVELON



Ship To: LEVY COUNTY TRANSFER STATION/SOLID WASTE
 12051 NE 69TH LANE
 WILLISTON FL 32621

Invoice To: LEVY COUNTY BOARD OF COUNTY COMMISSIONERS
 310 SCHOOL STREET
 BRONSON FL 32621

Branch 01 - LAKE CITY		
Date 03/24/2026	Time 13:06:58 (O)	Page 4
Account No LEVY002	Phone No 3524863300	Inv No 03 Q02477
Ship Via	Purchase Order	
Tax ID No		
RANDY MCKENZIE		Salesperson RM1

EQUIPMENT ESTIMATE - NOT AN INVOICE

Description **** Q U O T E **** EXPIRY DATE: 12/31/2025 Amount

Subtotal: 466550.00

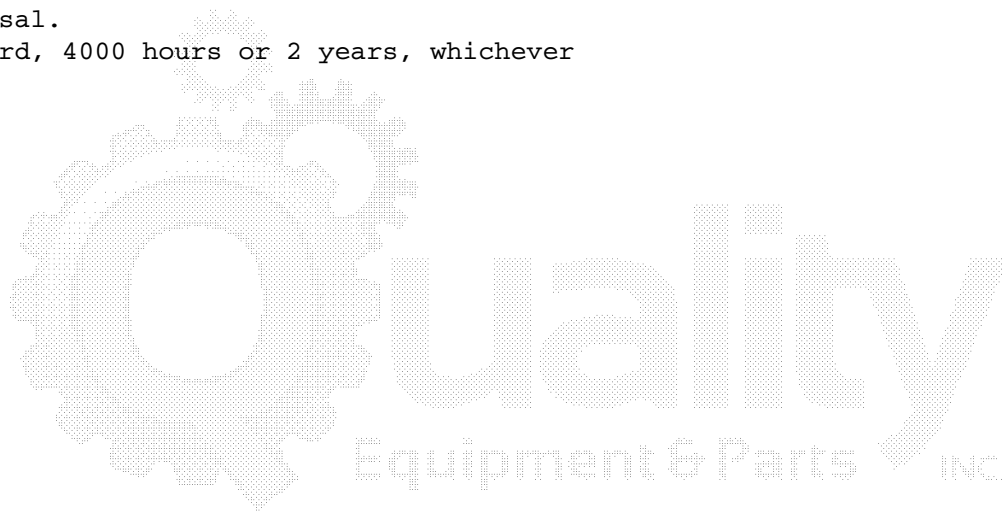
Quote Total: 466550.00

Authorization: _____

Payment Terms - 30% Deposit with signed order. Remainder due upon successful completion of install.

Delivery - Approximate delivery is 16 - 18 weeks from date of order, receipt of down payment and sign off of engineering proposal.

Warranty - Standard, 4000 hours or 2 years, whichever occurs first.



IT'S IN THE NAME.

Good for thirty (30) days from date of quote. This estimate is not a contract. Estimate is based on initial inspection. Does not cover any issues that came up when work started. Prices not guaranteed.

Visit our Website



Thank You For Your Business!



Quality Equipment & Parts

4894 NW US Highway 41 • Lake City, Florida 32055

Phone (386) 754-6186 • Fax (386) 888-1413

www.qepusa.com

DEVELON



Ship To: LEVY COUNTY TRANSFER STATION/SOLID WASTE
 12051 NE 69TH LANE
 WILLISTON FL 32621
 Attn: Benny and Travis

Invoice To: LEVY COUNTY BOARD OF COUNTY COMMISSIONERS
 310 SCHOOL STREET
 BRONSON FL 32621

Branch 01 - LAKE CITY		
Date 03/21/2026	Time 16:53:47 (O)	Page 2
Account No LEVY002	Phone No 3524863300	Inv No 08 Q02453
Ship Via	Purchase Order	
Tax ID No		
RANDY MCKENZIE		Salesperson RM1

Description ** BID PROPOSAL ** EXPIRY DATE: 09/30/2026 Amount

by not limited to: Custom made
 Gates hydraulic hoses & fittings onsite. Electrical and
 controls wiring to cab.
 Not responsible for foundation or any loose studs
 as a result of old loader strain or removal. See price
 breakdown:

3 days with three men @ \$4,500 per day \$12,000
 Travel to & from jobsite and transport of boom \$1,950
 Hose, fittings, oil, conduit and misc. \$3,750
 Electrical subcontracted \$2,900
 Stairs to mount beside the loader for enter/exit cab \$3,750
 Crane rental with operator and rigging \$7,500
 Rotobec onsite technician support 3 - 8-hour days \$3,000
 All prices above are included in the price of the loader

New ROTOBEC RPA2030C Compacting Grapple 43245.00

****INCLUDING THE FOLLOWING OPTIONS****

RPA2030C Compacting Grapple \$20,853.00
 CUSTOM LUGGING Customize to fit 950SM \$4,006.00
 RLP-602 Rotation Heavy Duty \$18,386.00

Sale Total: 417390.00

Miscellaneous Charges/Credits

=====

MACHINE DISCOUNT Qty: 1 Price: 11000.00 11000.00-
 DELIVERY 1 7500.00 7500.00

Subtotal: 413890.00

Quote Total: 413890.00

Authorization: _____

*** Deposit at time of order \$30,000 ***

** Lead time once ordered is 4-6 months **

SWORN STATEMENT ON PUBLIC ENTITY CRIME

Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes

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 RANDOLPH MCKENZIE CEO

(Print individual name and title)

For QUALITY EQUIPMENT & PARTS, INC.

(Print name of entity submitting statements)

Whose business address is 4894 NW US HWY 41 LAKE CITY FL 32055

and if applicable whose Federal Employer Identification Number (FEIN) is 59-3304005.

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 proposal 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 predecessor or successor of a person convicted of public entity crime; or
 - 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 proposals or applies to proposal 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 IA M 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.

Gandolph McKenzie
(Signature)

State of Florida
County of Columbia

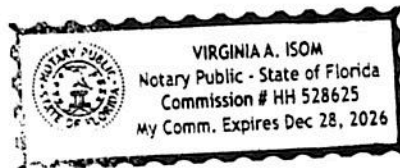
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 23 day of March, 2026, by Randolph McKenzie (name), as CEO (title) for Quality Equipment + parts Inc (name of proposer)
Personally known OR Produced Identification _____ (type of identification).

Viv A 2
(Signature) Notary Public

My Commission expires Dec. 28, 2026

(SEAL)

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL



NON-COLLUSION AFFIDAVIT

I, RANDOLPH MCKENZIE of the County of COLUMBIA

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

1. I am CEO of the firm of QUALITY EQUIPMENT & PARTS, INC providing that I executed the said proposal 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.

Randolph McKenzie
(Signature of Proposer Representative)

3/23/2024
(Date)

State of Florida

County of Columbia

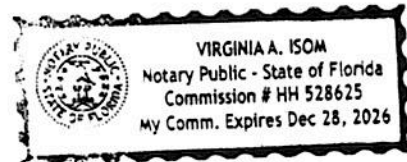
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 23 day of March, 2024, by Randolph McKenzie (name), as CEO (title) for Quality Equipment & Parts Inc. (name of proposer) Personally known OR Produced Identification (type of identification).

Virginia A Isom
(Signature) Notary Public

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

(SEAL)

My Commission expires Dec. 28, 2026



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 QUALITY EQUIPMENT & PARTS, INC. 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: RANDOLPH MCKENZIE

Signature: Randolph MCK

Title: CEO

Date: 3/21/2026

ANTI-HUMAN TRAFFICKING AFFIDAVIT

DIRECTIONS: All nongovernmental entities that are or potentially will be contracting, renewing or extending contracts with Levy County, must have an officer or representative fully execute this affidavit. Note, this is a mandatory requirement of s 787.06(13), Florida Statutes effective July 1, 2024.

I **Randolph McKenzie** on behalf of **Quality Equipment & Parts, Inc.**
under penalty of perjury hereby attest as follows:

1. I am over 21 years of age and have personal knowledge of the matters set forth in this affidavit.
2. **Quality Equipment & Parts, Inc.** does not use coercion for labor or services as defined in s. 787.06(2)(a), Florida Statutes.
3. More particularly, **Quality Equipment & Parts, Inc.** does not participate in any of the following actions:
 - a. Using or threatening to use physical force against any person;
 - b. Restraining, isolating or confining or threatening to restrain, isolate or confine any person without lawful authority and against her or his will;
 - c. Using lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt or the length and nature of the labor or services are not respectively limited and defined;
 - d. Destroying, concealing, removing, confiscating, withholding, or possessing any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
 - e. Causing or threatening to cause financial harm to any person;
 - f. Enticing or luring any person by fraud or deceit; or
 - g. Providing a controlled substance as outlined in Schedule I or Schedule II of s. 893.03, Florida Statutes to any person for the purpose of exploitation of that person.

FURTHER AFFIANT SAYETH NAUGHT.

Randolph McKenzie

Printed Name: Randolph McKenzie

Title: CEO

Nongovernmental entity: Quality Equipment & Parts, Inc.

Date: 3/23/2026

STATE OF Florida
COUNTY OF Columbia

SWORN TO AND SUBSCRIBED before me X in person or _____ remote notarization by Randolph McKenzie as CEO on behalf of Quality Equipment & parts inc., who is personally known to me or who produced n/a as identification this 23 day of March, 2026.

Virginia A. Isom

Notary Public

(Notary Seal)

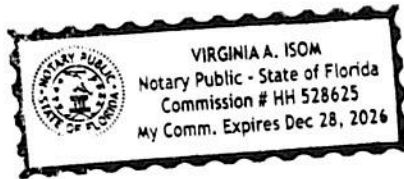


EXHIBIT B

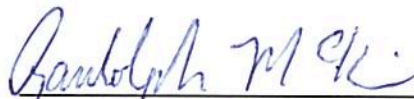
FOREIGN COUNTRY OF CONCERN AFFIDAVIT

DIRECTIONS: All nongovernmental entities that are or potentially will be contracting, renewing or extending contracts with Levy County, must have an officer or representative fully execute this affidavit. Note, this is a mandatory requirement of s 287.138, Florida Statutes, for all entities that may have access to individuals' personal identifying information.

I RANDOLPH MCKENZIE as CEO on behalf of QUALITY EQUIPMENT & PARTS, INC. under penalty of perjury hereby attest as follows:

1. I am over 21 years of age and have personal knowledge of the matters set forth in this affidavit.
2. I certify that QUALITY EQUIPMENT & PARTS, INC. ("Vendor"):
 - a. Is not owned by the government of a foreign country of concern;
 - b. A government of a foreign country of concern does not have a controlling interest in Vendor; and
 - c. Is not organized under the laws of nor have its principal place of business in a foreign country of concern.
3. For purposes of this Affidavit, "Foreign Country of Concern" means the People's Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People's Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolás Maduro, or the Syrian Arab Republic, including any agency of or any other entity of significant control of such foreign country of concern.

FURTHER AFFIANT SAYETH NAUGHT.



Printed Name: RANDOLPH MCKENZIE

Title: CEO

Nongovernmental entity: QUALITY EQUIPMENT & PARTS, INC.

Date: 3/23/24

STATE OF Florida

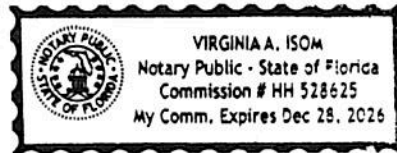
COUNTY OF Columbia

SWORN TO AND SUBSCRIBED before me X in person or _____ remote
notarization by Randolph McKenzie as CEO on
behalf of Quality Equipment + parts inc., who is personally
known to me or who produced N/A as identification
this 23 day of March, 2024.

Virginia A. Isom

Notary Public

(Notary Seal)





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/23/2026

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).

PRODUCER Sentry Insurance 1800 North Point Drive Stevens Point, WI 54481	CONTACT NAME: Sentry Customer Service
	PHONE (A/C, No, Ext): 800-473-6879 FAX (A/C, No): 800-514-7191
EMAIL ADDRESS: businessproducts_direct@sentry.com	
INSURER(S) AFFORDING COVERAGE	
INSURER A : Sentry Select Insurance Company	NAIC# 21180
INSURED Quality Equipment & Parts Inc 4894 NW US Highway 41 Lake City, FL 32055-5549	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES

CERTIFICATE NUMBER: 4561402

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		A0123501006	02/21/2026	02/21/2027	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,000	
	OTHER:							\$	
A	AUTOMOBILE LIABILITY	X		A0123501001	02/21/2026	02/21/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
		\$							
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			A0123501008	02/21/2026	02/21/2027	EACH OCCURRENCE	\$ 4,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 4,000,000	
	DED RETENTION \$						PRODUCTS - COMP/OP AGG	\$ 4,000,000	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N / A		A0123501012	04/01/2025	04/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000	
A	ERRORS & OMISSIONS			A0123501005	02/21/2026	02/21/2027	Employee Benefits Occurrence Limit	\$ 500,000	
							Errors & Omissions Annual Aggregate Limit	\$ 1,000,000	
							Deductible	\$ 1,000	
							All Other Errors & Omissions Occurrence Limit	\$ 250,000	
							Annual Aggregate Limit	\$ 500,000	
							Deductible	\$ 1,000	

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

CERTIFICATE HOLDER

CANCELLATION

Levy County Board of County Commissioners
310 School St
Bronson, FL 32621-6440

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

AGENCY CUSTOMER ID: XXXXXX4005

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 2 of 2

AGENCY Christopher Epley		NAMED INSURED Quality Equipment & Parts Inc
POLICY NUMBER A0123501006		
CARRIER Sentry Select Insurance Company	NAIC CODE 21180	EFFECTIVE DATE: 02/21/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Policy provides \$10,000 in Florida Personal Injury Protection Coverage.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/23/2026

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).

PRODUCER Sentry Insurance 1800 North Point Drive Stevens Point, WI 54481	CONTACT NAME: Sentry Customer Service
	PHONE (A/C, No, Ext): 800-473-6879 FAX (A/C, No): 800-514-7191
	EMAIL ADDRESS: businessproducts_direct@sentry.com
	INSURER(S) AFFORDING COVERAGE NAIC#
	INSURER A : Sentry Select Insurance Company 21180
INSURED Quality Equipment & Parts Inc 4894 NW US Highway 41 Lake City, FL 32055-5549	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES

CERTIFICATE NUMBER: 4561402

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below			N / A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Cyber Liability and Data Breach Response			N / A	A0123501011	02/21/2026	02/21/2027	Policy Aggregate Limit of Liability \$ 100,000 Retention \$ 2,500

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

CERTIFICATE HOLDER

CANCELLATION

Levy County Board of County Commissioners
310 School St
Bronson, FL 32621-6440

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



AGENCY CUSTOMER ID: XXXXXX4005

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY Christopher Epley		NAMED INSURED Quality Equipment & Parts Inc
POLICY NUMBER A0123501011		
CARRIER Sentry Select Insurance Company	NAIC CODE 21180	EFFECTIVE DATE: 02/21/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Levy County Board of County Commissioners	310 School St. Bronson, FL 32621 Description: Onsite Installation
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Change effective 03/23/2026

CG 20 10 12 19

A0123501
Sentry Select Insurance Company

© Insurance Services Office, Inc., 2018

Page 1 of 2

03/23/2026

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
NOTICE OF CANCELLATION - CERTIFICATE HOLDERS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM
COMMERCIAL AUTOMOBILE COVERAGE PARTS
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PARTS
COMMERCIAL EXCESS/UMBRELLA LIABILITY COVERAGE FORM
EMPLOYMENT RELATED PRACTICES LIABILITY
POLLUTION LIABILITY COVERAGE
ERRORS AND OMISSIONS COVERAGE FORM

In the event we cancel this policy, we will also mail to the person(s) or the organization(s) listed in the Schedule for this endorsement advance written notice of cancellation. We will mail this written notice at least 10 days prior to cancellation if we cancel for nonpayment of premium or 45 days prior to cancellation if we cancel this policy for any other reason.

FOR ALL COMMERCIAL AUTO COVERAGE PARTS:

As provided in Section 320.02(5)(e), Florida Statutes, written notice of the policy cancellation will be provided by the insurer to the Department of Highway Safety and Motor Vehicles, such notice will commence from the date notice is received by the Department.

Schedule

Person(s) or Organization(s) including mailing address:

Levy County Board of County Commissioners
310 School St
Bronson, FL 32621-6440

All other terms and conditions of this policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<p>Named Insured: Quality Equipment & Parts Inc</p> <p>Endorsement Effective Date: 03/23/2026</p>

SCHEDULE

<p>Name Of Person(s) Or Organization(s): Levy County Board of County Commissioners</p>

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** - Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** - Covered Autos Coverages of the Auto Dealers Coverage Form.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
NOTICE OF CANCELLATION - CERTIFICATE HOLDERS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM
COMMERCIAL AUTOMOBILE COVERAGE PARTS
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PARTS
COMMERCIAL EXCESS/UMBRELLA LIABILITY COVERAGE FORM
EMPLOYMENT RELATED PRACTICES LIABILITY
POLLUTION LIABILITY COVERAGE
ERRORS AND OMISSIONS COVERAGE FORM

In the event we cancel this policy, we will also mail to the person(s) or the organization(s) listed in the Schedule for this endorsement advance written notice of cancellation. We will mail this written notice at least 10 days prior to cancellation if we cancel for nonpayment of premium or 45 days prior to cancellation if we cancel this policy for any other reason.

FOR ALL COMMERCIAL AUTO COVERAGE PARTS:

As provided in Section 320.02(5)(e), Florida Statutes, written notice of the policy cancellation will be provided by the insurer to the Department of Highway Safety and Motor Vehicles, such notice will commence from the date notice is received by the Department.

Schedule

Person(s) or Organization(s) including mailing address:

Levy County Board of County Commissioners
310 School St
Bronson, FL 32621-6440

All other terms and conditions of this policy remain unchanged.

2026 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070514

Entity Name: QUALITY EQUIPMENT & PARTS, INC.

Current Principal Place of Business:

4894 NW HWY 41
LAKE CITY, FL 32055

FILED
Feb 27, 2026
Secretary of State
8828782916CC

Current Mailing Address:

4894 NW HWY 41
LAKE CITY, FL 32055 US

FEI Number: 59-3304005

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCKENZIE, RANDOLPH SCOTT
4894 NW HWY 41
LAKE CITY, FL 32055 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RANDOLPH MCKENZIE

02/27/2026

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, CHAIRMAN
Name MCKENZIE, RANDOLPH SCOTT
Address 320 NW SCENIC LAKE DRIVE
City-State-Zip: LAKE CITY FL 32055

Title EXECUTIVE VICE PRESIDENT,
SECRETARY
Name MCKENZIE, TINA
Address 320 NW SCENIC LAKE DRIVE
City-State-Zip: LAKE CITY FL 32055

Title PRESIDENT, TREASURER
Name MCKENZIE, RYAN SCOTT
Address 241 SW GARDNER TER
City-State-Zip: LAKE CITY FL 32055

Title VP, SALES AND MARKETING
Name MCKENZIE, RYLEE SHAWN
Address 20843 COUNTY ROAD 49
City-State-Zip: O'BRIEN FL 32071

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TINA MCKENZIE

EXECUTIVE VP

02/27/2026

Electronic Signature of Signing Officer/Director Detail

Date

CHECK DATE
07/15/25

Quality Parts & Equipment 4894 NW US Highway 41 Lake City, Florida 32055 Phone: (386) 754-6186 Fax: (386) 754-6180

CHECK NUMBER

01 2957

INVOICE #	INV DATE	AMOUNT	DISCOUNT	PAID	VOUCHER #
CC BUS TAX 2025	07/08/2025	30.00		30.00	A51469
FINAL TOTALS		30.00		30.00	

This Receipt is issued pursuant to County ordinance

2025/2026 COLUMBIA COUNTY LOCAL BUSINESS TAX RECEIPT

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

Account 1986
EXPIRES September 30, 2026

Business Type BUSINESS TAX RECEIPT

Location 4894 NW US HWY 41
LAKE CITY 32055

Business Name QUALITY AFTERMARKET
PARTS

Owner Name RANDY MCKENZIE

Mailing Address 4894 NW US HWY 41
LAKE CITY FL 32055



**New Business
Transfer**

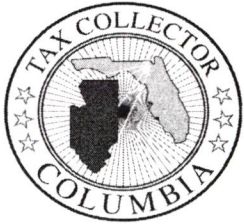
Tax	\$30.00
Penalty	\$0.00
Cost	\$0.00
Total	\$30.00

KYLE KEEN, CFC

This form becomes a receipt only when validated below

Paid by receipt(s) 2024-69914 on 07/31/25 for \$30.00

This receipt does not constitute a franchise, an agreement, permission or authority to perform the services or operate the business described herein when a franchise, an agreement, or other county commission, state or federal permission or authority is required by county, state or federal law.



Kyle Keen, CFC
Columbia County Tax Collector
135 NE Hernando Ave, Suite 125
Lake City, FL 32055

Receipt
2024.69914

Receipt Number	Payment Date	Effective Date	Till	Batch	Paid By
2024 69914	7/31/2025	7/31/2025	021	5556	1656624 Quality 386-365-5942

Item	Description	Units	Unit Charge	Amount Paid
Business Tax Receipts	Bill Year:2025 Account:1986 Bill Number:7038			\$30.00

Payment Made By
1656624 Quality 386-365-5942

Item	Number	Amount Tendered
Check	2957	\$30.00

A51469

Columbia County Tax Collector
135 NE Hernando Ave, Suite 125
Lake City, FL 32055
(386) 758-1077
www.columbiataxcollector.com

Columbia County Business Tax Receipt

Account Number: 1986



7-2302

QUALITY AFTERMARKET PARTS
RANDY MCKENZIE
4894 NW US HIGHWAY 41
LAKE CITY FL 32055-5549



Save gas and time!!!

Renew by mail or renew online at www.columbiataxcollector.com, a convenience fee applies to payments by credit/debit card.

A business tax is a tax imposed on individuals who engage in or maintain a business, profession, or occupation. The issuance of the business tax receipt does not relieve the holder of said receipt from complying with all state laws and local ordinances which may regulate the licensing of a particular trade or profession, or which restricts the use of land.

IMPORTANT: A business tax is in addition and not in lieu of any other requirement by law and is subject to regulations of all State and Local Ordinances including zoning. **All business tax receipts expire on September 30th of each year.** Beginning October 1st, delinquent penalties will be assessed with increases on the first day of each additional late month as follows:

10% the first month plus 5% each additional month up to a maximum of 25%.

Columbia County uses this renewal period to verify and update our records.

The law requires this receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County. Upon failure to do so, the receipt holder shall be subject to the payment of another full business tax for the same business, profession, or occupation.

If your business has closed please date, sign here and return this form to our office:

Signature

Date

Date Business Closed

When the ownership and/or the physical location changes, please contact our office for additional requirements.

Please detach and return the Business Tax Receipt below with your payment. This Business Tax Receipt will be validated and mailed back to you. Once validated by our office this is your Business Tax Receipt to be displayed.

MAKE CHECKS PAYABLE TO: Kyle Keen, Tax Collector

Kyle Keen, Columbia County Tax Collector

Columbia County Business Tax Receipt

YOUR RENEWAL IS DUE BY SEPTEMBER 30, 2025

Account Number: 1986
Business Address: QUALITY AFTERMARKET PARTS
4894 NW US HWY 41
LAKE CITY 32055

Expires	Tax Amount: \$30.00	
Sept. 30, 2026	Arrears/Penalty: \$0.00	
	By Sept. 30 Pay: \$30.00	
After Sept. 30	Oct. \$33.00	Dec. \$36.00
Pay:	Nov. \$34.50	Jan. \$37.50

QUALITY AFTERMARKET PARTS
RANDY MCKENZIE
4894 NW US HWY 41
LAKE CITY FL 32055

This BUSINESS TAX RECEIPT does not confirm competency or qualifications to perform the work for which the Tax was paid. A tax has been paid to do business in Columbia County.

Voucher **Purchase Order** **Terms & Schedule** **Memos** **Multimedia**

Vouchers Information - A51469

Source: Keyed

Last Modified By - VEVERE11

Vendor Number: KYLK01

Name: KYLE KEEN

Address: TAX COLLECTOR
135 NE HERNANDO AVE
LAKE CITY, FL

Zip/Postal Code: 32055

Bank: 1011001

Payable: 2000001

Discount: 6000011

Invoice Number: CC BUS TAX 2025

Invoice Date: 07/08/2025

Due Date: 09/30/2025

Invoice Amount: 30.00

Less Other: 0.00

Discount> Amount: 0.00

PO> Number:

Voucher> Type: Regular

Batch: JULY

G/L Date: 07/2025

Currency: 1.000000

Original:

Hold:

Net Purchase: 30.00

%: 0.00

Location: None

Number:

Check Date:

Lines to Display: 5

Account Number	Amount	Asset/Stock Number	Cost Code	History Description	Customer Number
1 5006011	30.00			BUSINESS TAX 2025-2026	
2					
3					
4					
5					

(1 - 5 Of 5)

Add >

Subcontractors

Crane:

Williston Crane 333 SE 4th Avenue Williston, FL 32696

Melanie Nussel 352-538-3639

Electrical:

QEP will use an Electrical Contractor recommended by Levy County or someone licensed and insured from Levy County or closest qualified subcontractor.

No other Subcontractors to be used.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

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

Print or type. See <i>Specific Instructions</i> on page 3.	1 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.)	
	Quality Equipment & Parts, Inc.	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.	
	<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 <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: 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. <input type="checkbox"/> Other (see instructions) _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
	Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
3b 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"/>		
5 Address (number, street, and apt. or suite no.). See instructions.		
4894 NW US HWY 41		
6 City, state, and ZIP code		
Lake City, FL 32055		
7 List account number(s) here (optional)		
Requester's name and address (optional)		

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.

Social security number										
or										
Employer identification number										
5	9		-	3	3	0	4	0	0	5

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.

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.

Sign Here	Signature of U.S. person <i>Randy McKenzie</i>	Date 3/21/2026
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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.

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



Sentry Insurance - Surety Bond Department
 1800 North Point Drive
 P.O. Box 8022
 Stevens Point, WI 54481
 Phone: 800.473.6879

**Sentry Select Insurance Company
 SURETY BOND FOR THE PROPOSAL OR BID ON A CONTRACT**

Bond Number: 2571259003

Date Bond Executed: March 24, 2026
 (must not be later than bid opening date)

Surety

Name: Sentry Select Insurance Company
Address: 1800 North Point Dr.
 Stevens Point, WI 54481
Incorporated: State of Wisconsin
Telephone: 1-800-473-6879

Principal

Principal's Name: Quality Equipment & Parts Inc.
Primary Address: 4894 NW US Highway 41
 Lake City, FL 32055
State of Incorporation: Florida
Type of Organization: Corporation

PENAL SUM OF BOND					BID IDENTIFICATION	
PERCENT OF BID PRICE	AMOUNT NOT TO EXCEED				BID DATE	INVITATION NO.
	Million(s)	Thousand(s)	Hundred(s)	Cents		
5%	00	20	694	50	3/27/2026	Electric Over Hydraulic Machinery Install
					FOR: Services	

OBLIGATION:

We, the Principal and Surety(ies), are firmly bound to the Levy County Board of County Commissioners (hereinafter called the "Obligee") in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations active as co-sureties, we, the Sureties, bind ourselves in such sum "jointly" and "severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.

CONDITIONS:

The Principal has submitted the bid identified above.

THEREFORE:

The above obligation is void if the Principal - (a) upon acceptance by the Obligee of the bid identified above, within the period specified therein for acceptance (sixty (60) days if no period is specified), executes the further contractual documents and gives the bond(s) required by the terms of the bid as accepted within the time specified (ten (10) days if no period is specified) after receipt of the forms by the principal; or (b) in the event of failure to execute such further contractual documents and give such bonds, pays the Obligee for any cost of procuring the work which exceeds the amount of the bid.

Each Surety executing this instrument agrees that its obligation is not impaired by any extension(s) of the time for acceptance of the bid that the Principal may grant to the Obligee. Notice to the surety(ies) of extension(s) are waived. However, waiver of the notice applies only to extensions aggregating not more than sixty (60) calendar days in addition to the period originally allowed for acceptance of the bid.

WITNESS:

The Principal and Surety(ies) executed this bond and affixed their seals on the above date.

SURETY

X *Dorene R. Bialas*

Dorene R. Bialas, Attorney-in-Fact
 (Printed Name and Title)

NA
 Authorized Countersignature (Where Required)

PRINCIPAL

X *Randy McKenzie*

Randy McKenzie CEO

(Printed Name and Title)



**SENTRY SELECT INSURANCE COMPANY
POWER OF ATTORNEY
Bond Number: 2571259003**

Know all men by these presents, that Sentry Select Insurance Company, a corporation duly organized under the laws of the State of Wisconsin, and having its principal place of business in the City of Stevens Point, State of Wisconsin, does hereby make, constitute and appoint MICHELLE M. BAUER, TRICIA BERGSBAKEN, DORENE R. BIALAS, DAVID DEATER, JOHN HER, HOLLEE NETYS, and COLLEEN A. RAJSKI as its true and lawful Attorneys-in-Fact, for it, and in its name, place and stead, with full power and authority to sign, execute, acknowledge and deliver for and on its behalf as Surety, any and all bonds with an effective date on or after August 11, 2025.

Signed:

Scott A. Miller, President
SENTRY SELECT INSURANCE COMPANY



Attest:

Timothy K. Kovac, Secretary
SENTRY SELECT INSURANCE COMPANY

ACKNOWLEDGMENT

State of Wisconsin)
) ss.
County of Portage)

I, April R. Szydel, Notary Public, do hereby certify that Scott A. Miller and Timothy K. Kovac, the President and the Secretary, respectively, of Sentry Select Insurance Company, personally known to me to be the same persons whose names are subscribed to the foregoing instrument as such President and Secretary, appeared before me this day in person and acknowledged that they signed, sealed and delivered said instrument as their free and voluntary act for the uses and purposes therein set forth.

Given under my hand and official seal this 11th day of August, 2025.



April R. Szydel, Notary Public
My Commission expires June 1, 2026.

AUTHORIZATION

I, Timothy K. Kovac, Secretary of Sentry Select Insurance Company, hereby certify that Sentry Select Insurance Company is duly licensed to transact fidelity and surety business in all States of the United States of America, that the foregoing Power of Attorney is a correct and true copy of the original Power of Attorney, that said Power of Attorney has not been revoked, and I further certify that the following is a true and exact copy of two resolutions passed by the Board of Directors of Sentry Select Insurance Company at meetings held by said Board, a quorum being present and voting on the date specified below, which resolutions are still in effect:

RESOLVED, that the President or any Vice President in conjunction with any Secretary or Assistant Secretary, be and they are hereby authorized and empowered to appoint Attorneys-in-Fact of the Company, in its name and as its acts, to execute and acknowledge for and on its behalf as Surety any and all bonds, recognizance, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected Officers of the Company in their own proper persons. (Adopted 11 September 1969.)

RESOLVED, that the signature of any Officer authorized by the Bylaws and the Company seal may be affixed by facsimile to any power of attorney or special power of attorney or certification of either for the execution of any bond, undertaking, recognizance or other written obligation in nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such Officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed. (Adopted 29 April 1971.)

Given under my hand and official seal this 24th day of March, 2026.

Timothy K. Kovac, Secretary
SENTRY SELECT INSURANCE COMPANY



