



County of Hernando
Procurement Department
Carla Rossiter-Smith, Chief Procurement Officer
15470 Flight Path Drive, Brooksville, FL 34604

PROPOSAL DOCUMENT REPORT

TSS No. 23-TSS00402/IR

Outside Repair for E-ONE, Spartan, and Ferrara Fire Apparatus and Road Rescue and Wheeled Coach Ambulance

RESPONSE DEADLINE: January 23, 2024 at 5:00 pm

Report Generated: Wednesday, January 24, 2024

REV Fire Group Proposal

CONTACT INFORMATION

Company:

REV Fire Group

Email:

mike.mowry@revfiregroup.com

Contact:

Mike Mowry

Address:

725 SW 46TH AVENUE
Ocala, FL 34474

Phone:

N/A

Website:

N/A

Submission Date:

Jan 23, 2024 10:21 AM

ADDENDA CONFIRMATION

No addenda issued

QUESTIONNAIRE

1. VENDOR/CONTRACTOR INFORMATION*

Pass

Please Provide the following Information:

1. Respondent/Vendor Contractor Name
2. Vendor/Contractor FEIN
3. Vendor/Contractor's Authorized Representative Name and Title
4. Address
5. Phone Number
6. Email Address

REV RTC, Inc. - 47-4454880 - Mike Mowry General Manager - 725 SW 46th Ave, Ocala FL 34474 - 262-330-9660 -
mike.mowry@revfiregroup.com

2. VENDOR/CONTRACTOR CERTIFICATION REGARDING SCRUTINIZED COMPANIES*

Section 287.135 (Current Edition), Florida Statutes, prohibits agencies from contracting with companies for goods or services of \$1,000,000.00 or more, that are on either the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector Lists which are created pursuant to s. 215.473 F.S. (Current Edition), or the Scrutinized

Companies that Boycott Israel List, created pursuant to s. 215.4725 F.S. (Current Edition), or companies that are engaged in a boycott of Israel or companies engaged in business operations in Cuba or Syria.

As the person authorized to submit bids on behalf of respondent, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List. I further certify that the company is not engaged in a boycott of Israel. I understand that pursuant to section 287.135 (Current Edition), Florida Statutes, the submission of a false certification may subject company to civil penalties, attorney's fees, and/or costs and does not have business operations in Cuba or Syria.

Confirmed

3. VENDOR/CONTRACTOR SURVEY*

Pass

Please provide information on where you received the knowledge of the bid/request for proposals (mark all that apply):

OpenGov Procurement

4. VENDOR/CONTRACTOR SURVEY (OTHER)

Pass

If you answered "Referred" or "Other" in the Survey, please specify:

N/A

5. Please confirm bid validity for 90 days *

Pass

Bids will be opened immediately after this date and time and will remain binding upon the Bidder for a period of ninety (90) days thereafter.

Confirmed

6. Equipment and Facilities list *

Pass

Please provide a List of equipment and facilities available to do work.

Full service shop at 725 SW 46th Ave, Ocala with 37 technicians.

7. Personnel List *

Pass

Please provide a List of personnel, by name and title, contemplated to perform the work.

TJ Nixon - level 5 technician - Duane Fouts - painter - Jack Hildebrand - electrician and others

8. BID CONFIRMATION*

Pass

The undersigned Bidder has carefully read the Invitation to Bid and its provisions, terms and conditions covering the equipment, materials, supplies and services as called for, and fully understands the requirements and conditions. Bidder certifies that this bid for the same goods/services (unless otherwise specifically noted) and is in all respects fair and without collusion or fraud. Bidder agrees to be bound by all the terms and conditions of this Invitation to Bid and certifies that the person(s) signing this bid is (are) authorized to bind the Bidder. Bidder agrees that if Bidder is awarded this Invitation to Bid, Bidder will provide the materials and services as stipulated in the specifications of this Invitation to Bid. Bidder further agrees to furnish and to deliver materials and services as indicated, with all transportation charges prepaid, and for the prices quoted.

****IMPORTANT NOTE:** When submitting your bid, do not attach any forms which may contain terms and conditions that conflict with those listed in the County's bid documents. Inclusion of additional terms and conditions such as those which may be on your

company's standard forms shall result in your bid being declared non-responsive as these changes will be considered a counteroffer to the County's bid solicitation.

Confirmed

9. Drug Free Workplace Certification *

Pass

I have read and attest to, in accordance with Florida Statute 287.087 (current version), hereby certify that,

Publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions that will be taken against violations of such prohibition.

Informs employees about the dangers of drug abuse in the workplace, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.

Gives each employee engaged in providing commodities or contractual services that are under proposal a copy of the statement specified above.

Notifies the employees that as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, pleas of guilty or nolo contendere to, any violation of Chapter 893, or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the workplace, no later than five (5) days after such conviction, and requires employees to sign copies of such written statement to acknowledge their receipt.

Imposes a sanction on, or requires 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.

Makes a good faith effort to continue to maintain a drug free workplace through the implementation of the Drug Free Workplace Program.

“As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein”.

Please Confirm that you have read and attest to Download Drug Free Workplace Certificate

Confirmed

10. Affidavit of Non Collusion and of Non-Interest of Hernando County Employees*

Pass

Affidavit of Non Collusion and of Non-Interest of Hernando County Employees

Certification that Vendor/Contractor affirms that the bid/proposal presented to the Owner is made freely, and without any secret agreement to commit a fraudulent, deceitful, unlawful or wrongful act of collusion.

I have read and attest that I am the Vendor/Contractor in the above bid/proposal, that the only person or persons interested in said proposal are named therein; that no officer, employee or agent of the Hernando County Board of County Commissioners (BOCC) or of any other Vendor/Contractor is interested in said bid/proposal; and that affiant makes the above bid/proposal with no past or present collusion with any other person, firm or corporation.

Please confirm that you have read and attest to Affidavit of Non Collusion and of Non-Interest of Hernando County Employees

Confirmed

11. Sworn Statement

SWORN STATEMENT SECTION 287.133 (3) (A)*

Pass

I have read and attest that I understand that a "public entity crime" as defined in Paragraph 287.133 (1)(g), Florida Statutes (current version), means a violation of any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

I have read and attest that I understand that "convicted" or "conviction" as defined in Paragraph 287.133 (1)(b), Florida Statutes (current version), means a finding of guilt or a conviction of a public entity crime, with or without an 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, non-jury trial, or entry of a plea of guilty or nolo contendere.

I have read and attest that I understand that an "affiliate" as defined in Paragraph 287.133 (1)(a), Florida Statutes (current version), means:

- A. A predecessor or successor of a person convicted of a 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 (1) 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 (1) 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 thirty-six (36) months shall be considered an affiliate.

I have read and attest that I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes (current version), 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 provisions 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, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

I have read and attest that based on information and belief, the statement which I have confirmed below is true in relation to the entity submitting this sworn statement:

_____ [attach 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 ONE (1) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31, OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT.

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, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

IF YOU CHOOSE OPTION 3, PLEASE ATTACH A COPY OF THE FINAL ORDER

The entity submitting this sworn statement, or one (1) 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 subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted Vendor/Contractor list

Please attach a copy of the final order

No response submitted

12. Authorized Signatures/Negotiators

Authorized Signatures/Negotiators

AUTHORIZED SIGNATURES/NEGOTIATORS *

Pass

Please provide the information to support the statement below:

The Vendor/Contractor represents that the following persons are authorized to sign and/or negotiate contracts and related documents to which the Vendor/Contractor will be duly bound:

Name(s)

Title(s)

PROPOSAL DOCUMENT REPORT

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Outside Repair for E-ONE, Spartan, and Ferrara Fire Apparatus and Road Rescue and Wheeled Coach Ambulance

Phone no (s)

Mike Mowry - General Manager - 262-330-9660

TYPE OF ORGANIZATION *

Pass

Select your organization's type below

Corporation

COMPANY ID*

Pass

Please Provide Your:

State of Incorporation and

Federal I.D. NO.

47-4454880

W-9 FORM *

Pass

Please attach your completed W-9 Form

REV_RTC_W9_2023_FEIN.pdf

ACH ELECTRONIC PAYMENT *

Pass

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Invitation to Bid - Outside Repair for E-ONE, Spartan, and Ferrara Fire Apparatus and Road Rescue and Wheeled Coach Ambulance

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An ACH electronic payment method is offered as an alternative to a payment by physical check.

Please check Option 1 if you accept the ACH electronic payment method.

(Recommended and Preferred)

Yes, ACH electronic payment method is acceptable.

13. LOCAL VENDOR AFFIDAVIT OF ELIGIBILITY

If you are a local vendor, please answer the following three questions.

LOCAL VENDOR AFFIDAVIT - 12 MONTH MINIMUM

Pass

Vendor/Individual has been in business in Hernando County for a minimum of twelve (12) months prior to date of bid or quote?

Not confirmed

PROOF OF REAL PROPERTY TAX

Pass

Please upload your proof of Real Property Tax

PERSONAL_TAXES.pdfPROPERTY_TAXES.pdf

COPY OF FLORIDA DIVISION OF CORPORATIONS ANNUAL REPORT

Pass

Please upload a copy of your Florida Division of Corporations Annual Report

Florida_Corporation_Annual_Report_2023.pdf

E-VERIFY CERTIFICATION*

Pass

Vendor/Contractor acknowledges and agrees to the following:

Vendor/Contractor shall utilize the U.S. Department of Homeland Security's E-Verify system, in accordance with the terms governing use of the system, to confirm the employment eligibility of:

All persons employed by the Vendor/Contractor during the term of the Contract to perform employment duties within Florida; and

All persons, including subcontractors, assigned by the Vendor/Contractor to perform work pursuant to the Contract with the department.

Confirmed

14. QUALIFICATION SUBMITTAL REQUIREMENTS

REFERENCES*

Pass

Bidder must provide a minimum of **three (3)** references in format shown below. References must be individuals that can be readily contacted and have first-hand knowledge of the Bidder's performance on the specific project performed by the Bidder. Each reference project must meet the following criteria:

Project within the last three (3) years.

Similar in size, dollar value and scope as this project.

Please provide information for 3 required References:

Business/Owner Name

Reference Contact Person

Reference Address

Reference Phone No.

Reference Email Address

Project Name

Project Location

Contract Project Manager

Site Superintendent

Contract Amount

Date Project Commenced

Date of Substantial Completion

Date of Final Completion

Description of Work Performed

By submitting this information, I certify that the qualifications questionnaire information is true and correct to the best of my knowledge.

Please provide information for 3 required References:

Business/Owner Name: Crescent City

Reference Contact Person: Jason Highfill

Reference Address: 201 North Summit Street, Crescent City FL 32112

Reference Phone No: 386-336-2263

Reference Email Address: chief@crescentcityfirerescue.com

Project Name: PM services

Project Location: REV RTC Ocala

Contract Project Manager

Site Superintendent

Contract Amount

Date Project Commenced: September 8, 2023

Date of Substantial Completion

Date of Final Completion: September 31, 2023

Description of Work Performed: Annual PM service, air leaks, lights inoperative, and intake valve leaking.

Please provide information for 3 required References:

Business/Owner Name: Brevard County Fire/Rescue fleet

Reference Contact Person: Donald Miller

Reference Address: 351 Wenner Way, Cocoa, FL 32926

Reference Phone No: 321-633-1862 or 321-266-6657

Reference Email Address: Donald.miller@brevardfl.gov

Project Name: Cabinet destroyed from water intrusion.

Project Location: REV RTC Ocala

Contract Project Manager

Site Superintendent

Contract Amount

Date Project Commenced: estimate approved August 32, 2023

Date of Substantial Completion

Date of Final Completion: December 8, 2023

Description of Work Performed: remove all the damaged cabinet, including removal of patient compartment a/c system. Design and fabricate new cabinet. Install the cabinet and a/c components.

15. HERNANDO COUNTY EMPLOYMENT DISCLOSURE CERTIFICATION STATEMENT

IS ANY OFFICER, PARTNER, DIRECTOR, PROPRIETOR, ASSOCIATE OR MEMBER OF THE BUSINESS ENTITY A FORMER EMPLOYEE OF HERNANDO COUNTY WITHIN THE LAST TWO (2) YEARS? *

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Pass

No

IS ANY OFFICER, PARTNER, DIRECTOR, PROPRIETOR, ASSOCIATE OR MEMBER OF THE BUSINESS ENTITY A RELATIVE OR MEMBER OF THE HOUSEHOLD OF A CURRENT HERNANDO COUNTY EMPLOYEE THAT HAD OR WILL HAVE ANY INVOLVEMENT WITH THIS PROCUREMENT OR CONTRACT AUTHORIZATION?*

Pass

No

RELATIVES AND FORMER HERNANDO COUNTY EMPLOYEES - ROLES AND SIGNATURES

Pass

Please download the below documents, complete, and upload.

- [HC Employment Disclosure Ce...](#)

Hernando_County_Employment_Disclosure_Certification_Statement.pdf

SOLICITATION-OFFER-AWARD

Pass

Please download the below document, complete Offer section, and upload.

- [Solicitation-Offer-Award .pdf](#)

Solicitation_Offer_Award.pdf

MANUFACTURER PRICE LIST*

Pass

Please upload all pricelists relevant to Markup Table in Section 10 Pricing Proposal

2024_REV_Fire_Parts_LIST.xlsx

PROPOSAL DOCUMENT REPORT

Invitation to Bid - Outside Repair for E-ONE, Spartan, and Ferrara Fire Apparatus and Road Rescue and Wheeled Coach Ambulance

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PRICE TABLES

PARTS

Line Item	Description	Unit of Measure	Unit Cost
1	Parts Mark-up on Manufacturer List Price	Percentage	\$1.00

LABOR RATES

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	Shop Labor Rate	1	Hour	\$155.00	\$155.00
2	Overtime Labor Rates	1	Hour	\$155.00	\$155.00
3	Emergency Labor Rates	1	Hour	\$232.50	\$232.50
TOTAL					\$542.50

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. REV RTC, Inc. f/k/a ASV RTC, Inc.	
2 Business name/disregarded entity name, if different from above d/b/a Hall-Mark RTC	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should 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 FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 725 SW 46th Avenue	Requester's name and address (optional)
6 City, state, and ZIP code Ocala, FL 34474	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on 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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
or											
Employer identification number											
4	7		-	4	4	5	4	8	8	0	

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶	Date ▶ <u>1/9/23</u>
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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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

GEORGE ALBRIGHT
MARION COUNTY TAX COLLECTOR ORIGINAL

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

P100000536

PERSONAL PROPERTY

3821441.0000

ACCOUNT NUMBER	EX-TYPE	ESCROW	MARKET VALUE	EXEMPTIONS	TAXABLE VALUE	MILL CD
P20160520 2023			531,670	* NONE *	* SEE BELOW *	1005

Scan with your smartphone

REV RTC INC
REV GROUP INC
725 SW 46TH AVE
OCALA FL 34474-8587

RECEIVED NOV 08 2023

SEC 15 TWP 15 RGE 21
DEALER/MANUFACTURING

RECEIVED NOV 08 2023

VA# 12405



725 SW 46TH AVE OCALA

TAXES BECOME DELINQUENT APRIL 1st		AD VALOREM TAXES				
TAXING AUTHORITY	MILLAGE	ASSESSED	EXEMPTION	TAXABLE	TAXES LEVIED	
COUNTY GENERAL COUNTY	3.3500	531,670	0	531,670	1,781.09	
	FINE & FORFEITURE	.8300	531,670	0	441.29	
	COUNTY HEALTH	.1100	531,670	0	58.48	
SCHOOL SCHOOL R.L.E.	3.1910	531,670	0	531,670	1,696.56	
	SCHOOL VOTE	1.0000	531,670	0	531.67	
	SCHOOL DISCRETIONARY	.7480	531,670	0	397.69	
	SCHOOL CAPITAL IMPR	1.5000	531,670	0	797.51	
WATER SWF WATER MANAGEMENT DIST	.2043	531,670	0	531,670	108.62	
MUNIC OCALA BASIC	6.6177	531,670	0	531,670	3,518.43	
TOTAL MILLAGE		17.5510	AD VALOREM TAXES		9,331.34	

EXEMPTION: NONE

inv# PERTAX 2024

ENTERED

LEVYING AUTHORITY		PURPOSE	RATE/BASIS	AMOUNT
			PLUS ASSESSED PENALTIES OF:	2,332.84

219500

(See Boxes Below for Payment DISCOUNT If Paid By...) COMBINED TAXES AND ASSESSMENTS Due By March						11,664.18
NOV 30 2023	DEC 31 2023	JAN 31 2024	FEB 29 2024	MAR 31 2024	PastDue APR 1	
11,290.93	11,384.24	11,477.55	11,570.87	11,664.18	11,814.15	

SEE REVERSE SIDE FOR INSTRUCTIONS PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

GEORGE ALBRIGHT
MARION COUNTY TAX COLLECTOR ORIGINAL

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

PERSONAL PROPERTY

3821441.0000

P100000536

TOTAL TAXES IF PAID BY

NOV 30 2023	DEC 31 2023	JAN 31 2024	FEB 29 2024	MAR 31 2024	PastDue APR 1
11,290.93	11,384.24	11,477.55	11,570.87	11,664.18	11,814.15

ACCOUNT NUMBER	EX TYPE	ESCROW	MILL CD	REMIT U.S. FUNDS TO: GEORGE ALBRIGHT, TAX COLLECTOR
P20160520 2023			1005	PO BOX 970 OCALA FL 34478 PHONE (352) 368-8200

ASSESSMENT	531,670	TAXES	9,331.34
TAXABLE	531,670	ASSD PEN	2,332.84

15 15 21

SEC 15 TWP 15 RGE 21
DEALER/MANUFACTURING

P20160520 2023
REV RTC INC
REV GROUP INC
725 SW 46TH AVE
OCALA FL 34474-8587

725 SW 46TH AVE OCALA



0000233284 0000933134 2023038214410000 0002 9

GEORGE ALBRIGHT
MARION COUNTY TAX COLLECTOR

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

PERSONAL PROPERTY

3821441.0000

ORIGINAL

ACCOUNT NUMBER	EX-TYPE	ESCROW	MARKET VALUE	EXEMPTIONS	TAXABLE VALUE	MILL CD
P20160520 2023			531,670	* NONE *	* SEE BELOW *	1005

Scan with your smartphone



REV RTC INC
REV GROUP INC
725 SW 46TH AVE
OCALA FL 34474-8587

RECEIVED NOV 08 2023

SEC 15 TWP 15 RGE 21
DEALER/MANUFACTURING

RECEIVED NOV 08 2023

725 SW 46TH AVE OCALA

TAXES BECOME DELINQUENT APRIL 1st		AD VALOREM TAXES				
TAXING AUTHORITY		MILLAGE	ASSESSED	EXEMPTION	TAXABLE	TAXES LEVIED
COUNTY	GENERAL COUNTY	3.3500	531,670	0	531,670	1,781.09
	FINE & FORFEITURE	.8300	531,670	0	531,670	441.29
	COUNTY HEALTH	.1100	531,670	0	531,670	58.48
SCHOOL	SCHOOL R.L.E.	3.1910	531,670	0	531,670	1,696.56
	SCHOOL VOTE	1.0000	531,670	0	531,670	531.67
	SCHOOL DISCRETIONARY	.7480	531,670	0	531,670	397.69
	SCHOOL CAPITAL IMPR	1.5000	531,670	0	531,670	797.51
	SWF WATER MANAGEMENT DIST	.2043	531,670	0	531,670	108.62
WATER						
MUNIC	OCALA BASIC	6.6177	531,670	0	531,670	3,518.43

inv# PERTAX 2024

ENTERED

EXEMPTION: NONE

TOTAL MILLAGE 17.5510 AD VALOREM TAXES 9,331.34

NON-AD VALOREM ASSESSMENTS		RATE/BASIS	AMOUNT
LEVYING AUTHORITY	PURPOSE		
		PLUS ASSESSED PENALTIES OF:	2,332.84

219500

(See Boxes Below for Payment DISCOUNT If Paid By...) COMBINED TAXES AND ASSESSMENTS Due By March 11,664.18

NOV 30 2023 11,290.93	DEC 31 2023 11,384.24	JAN 31 2024 11,477.55	FEB 29 2024 11,570.87	MAR 31 2024 11,664.18	PastDue APR 1 11,814.15
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SEE REVERSE SIDE FOR INSTRUCTIONS PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

GEORGE ALBRIGHT
MARION COUNTY TAX COLLECTOR
ORIGINAL

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

PERSONAL PROPERTY

3821441.0000

P100000536

TOTAL TAXES IF PAID BY

NOV 30 2023 11,290.93	DEC 31 2023 11,384.24	JAN 31 2024 11,477.55	FEB 29 2024 11,570.87	MAR 31 2024 11,664.18	PastDue APR 1 11,814.15
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	----------------------------

ACCOUNT NUMBER	EX TYPE	ESCROW	MILL CD	REMIT U.S. FUNDS TO: GEORGE ALBRIGHT, TAX COLLECTOR PO BOX 970 OCALA FL 34478 PHONE (352) 368-8200
P20160520 2023			1005	

ASSESSMENT	531,670	TAXES	9,331.34
TAXABLE	531,670	ASSD PEN	2,332.84

15 15 21

SEC 15 TWP 15 RGE 21
DEALER/MANUFACTURING

725 SW 46TH AVE OCALA

P20160520 2023
REV RTC INC
REV GROUP INC
725 SW 46TH AVE
OCALA FL 34474-8587



GEORGE ALBRIGHT
MARION COUNTY TAX COLLECTOR

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

565717.0000

ORIGINAL

REAL ESTATE

ACCOUNT NUMBER	EX-TYPE	ESCROW	MARKET VALUE	EXEMPTIONS	TAXABLE VALUE	MILL CD
R22863-003-00	2023		3,264,985	* NONE *	* SEE BELOW *	1005

REV RTC INC
725 SW 46TH AVE
OCALA FL 34474-8587

V#12405
RECEIVED NOV 03 2023

SEC 15 TWP 15 RGE 21 BEGIN AT
THE SE COR OF SW 1/4 OF SEC 15
TH N 89-32-55 W 1220.81 FT TH N
00-28-48 E 331.89 FT TH S
89-34-50 E 1221.36 FT TH S
00-34-05 W 332.49 FT TO THE POB
Acres: 9.2400
725 SW 46TH AVE OCALA

Scan with your smartphone



TAXING AUTHORITY		MILLAGE	ASSESSED	EXEMPTION	TAXABLE	TAXES LEVIED
COUNTY	GENERAL COUNTY	3.3500	3,064,041	0	3,064,041	10,264.54
	FINE & FORFEITURE	.8300	3,064,041	0	3,064,041	2,543.15
	COUNTY HEALTH	.1100	3,064,041	0	3,064,041	337.04
SCHOOL	SCHOOL R.L.E.	3.1910	3,264,985	0	3,264,985	10,418.57
	SCHOOL VOTE	1.0000	3,264,985	0	3,264,985	3,264.99
	SCHOOL DISCRETIONARY	.7480	3,264,985	0	3,264,985	2,442.21
	SCHOOL CAPITAL IMPR	1.5000	3,264,985	0	3,264,985	4,897.48
	SWF WATER MANAGEMENT DIST	.2043	3,064,041	0	3,064,041	625.98
MUNIC	OCALA BASIC	6.6177	3,064,041	0	3,064,041	20,276.90

EXEMPTION: NONE

COUNTY ASSESSED: 3,064,041 SCHOOL ASSESSED: 3,264,985

invt PRO TAXES 24

TOTAL MILLAGE 17.5510 AD VALOREM TAXES 55,070.86

LEVYING AUTHORITY	PURPOSE	RATE/BASIS	AMOUNT
X903 OCALA FIRE	INDUSTRIAL FIRE	PER ASMT UNIT	9,295.00
NON AD VALOREM ASSESSMENTS:			9,295.00

ENTERED 219500

(See Boxes Below for Payment DISCOUNT If Paid By...) COMBINED TAXES AND ASSESSMENTS Due By March						64,365.86
NOV 30 2023	DEC 31 2023	JAN 31 2024	FEB 29 2024	MAR 31 2024	PastDue Apr 1	
61,791.23	62,434.88	63,078.54	63,722.20	64,365.86	66,296.84	

SEE REVERSE SIDE FOR INSTRUCTIONS PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

GEORGE ALBRIGHT
MARION COUNTY TAX COLLECTOR
ORIGINAL

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS
REAL ESTATE

565717.0000

R100022946

TOTAL TAXES IF PAID BY

ACCOUNT NUMBER	EX TYPE	ESCROW	MILL CD	REMIT U.S. FUNDS TO: GEORGE ALBRIGHT, TAX COLLECTOR PO BOX 970 OCALA FL 34478 PHONE (352) 368-8200
R22863-003-00	2023		1005	

MARKET VALU	3,264,985	TAXES	55,070.86
COUNTY ASMT	3,064,041	SP. ASMT	9,295.00
COUNTY TXBL	3,064,041		
SCHOOL ASMT	3,264,985		
SCHOOL TXBL	3,264,985		

15 15 21

SEC 15 TWP 15 RGE 21 BEGIN AT
THE SE COR OF SW 1/4 OF SEC 15
TH N 89-32-55 W 1220.81 FT TH N
00-28-48 E 331.89 FT TH S
89-34-50 E 1221.36 FT TH S
00-34-05 W 332.49 FT TO THE POB

R22863-003-00 2023
REV RTC INC
725 SW 46TH AVE
OCALA FL 34474-8587



GEORGE ALBRIGHT

MARION COUNTY TAX COLLECTOR ORIGINAL

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

REAL ESTATE

565717.0000

ACCOUNT NUMBER	EX-TYPE	ESCROW	MARKET VALUE	EXEMPTIONS	TAXABLE VALUE	MILL CD
R22863-003-00	2023		3,264,985	* NONE *	* SEE BELOW *	1005

Scan with your smartphone

REV RTC INC
725 SW 46TH AVE
OCALA FL 34474-8587

12405

RECEIVED NOV 03 2023

SEC 15 TWP 15 RGE 21 BEGIN AT
THE SE COR OF SW 1/4 OF SEC 15
TH N 89-32-55 W 1220.81 FT TH N
00-28-48 E 331.89 FT TH S
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00-34-05 W 332.49 FT TO THE POB
Acres: 9.2400
725 SW 46TH AVE OCALA



TAXES BECOME DELINQUENT APRIL 1st		AD VALOREM TAXES				
TAXING AUTHORITY		MILLAGE	ASSESSED	EXEMPTION	TAXABLE	TAXES LEVIED
COUNTY	GENERAL COUNTY	3.3500	3,064,041	0	3,064,041	10,264.54
	FINE & FORFEITURE	.8300	3,064,041	0	3,064,041	2,543.15
	COUNTY HEALTH	.1100	3,064,041	0	3,064,041	337.04
SCHOOL	SCHOOL R.L.E.	3.1910	3,264,985	0	3,264,985	10,418.57
	SCHOOL VOTE	1.0000	3,264,985	0	3,264,985	3,264.99
	SCHOOL DISCRETIONARY	.7480	3,264,985	0	3,264,985	2,442.21
	SCHOOL CAPITAL IMPR	1.5000	3,264,985	0	3,264,985	4,897.48
	SCHOOL WATER MGMT	.2043	3,064,041	0	3,064,041	625.98
WATER MUNIC	OCALA BASIC	6.6177	3,064,041	0	3,064,041	20,276.90

COUNTY ASSESSED: 3,064,041 SCHOOL ASSESSED: 3,264,985

EXEMPTION: NONE

inv# PRO TAXES 24

TOTAL MILLAGE 17.5510 AD VALOREM TAXES 55,070.86

LEVYING AUTHORITY		PURPOSE	RATE/BASIS	AMOUNT
X903	OCALA FIRE	INDUSTRIAL FIRE	PER ASMT UNIT	9,295.00
NON AD VALOREM ASSESSMENTS:				9,295.00

ENTERED

219500

(See Boxes Below for Payment DISCOUNT If Paid By...)						COMBINED TAXES AND ASSESSMENTS Due By March	64,365.86
NOV 30 2023	DEC 31 2023	JAN 31 2024	FEB 29 2024	MAR 31 2024	PastDue Apr 1		
61,791.23	62,434.88	63,078.54	63,722.20	64,365.86	66,296.84		

SEE REVERSE SIDE FOR INSTRUCTIONS PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

GEORGE ALBRIGHT

MARION COUNTY TAX COLLECTOR

ORIGINAL

R100022946

NOTICE OF AD VALOREM TAXES AND NON-AD VALOREM ASSESSMENTS

REAL ESTATE

565717.0000

TOTAL TAXES IF PAID BY

NOV 30 2023	DEC 31 2023	JAN 31 2024	FEB 29 2024	MAR 31 2024	PastDue Apr 1
61,791.23	62,434.88	63,078.54	63,722.20	64,365.86	66,296.84

ACCOUNT NUMBER	EX-TYPE	ESCROW	MILL CD	REMIT U.S. FUNDS TO: GEORGE ALBRIGHT, TAX COLLECTOR
R22863-003-00	2023		1005	PO BOX 970 OCALA FL 34478 PHONE (352) 368-8200

MARKET VALU	3,264,985	TAXES	55,070.86
COUNTY ASMT	3,064,041	SP. ASMT	9,295.00
COUNTY TXBL	3,064,041		
SCHOOL ASMT	3,264,985		
SCHOOL TXBL	3,264,985		

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SEC 15 TWP 15 RGE 21 BEGIN AT
THE SE COR OF SW 1/4 OF SEC 15
TH N 89-32-55 W 1220.81 FT TH N
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00-34-05 W 332.49 FT TO THE POB

R22863-003-00 2023
REV RTC INC
725 SW 46TH AVE
OCALA FL 34474-8587



2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000005215

Entity Name: REV RTC, INC.

Current Principal Place of Business:

725 SW 46TH AVE.
OCALA, FL 34474

Current Mailing Address:

725 SW 46TH AVE
OCALA, FL 34474 US

FEI Number: 47-4454880

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name LADUE, JOSEPH F
Address 245 S. EXECUTIVE DRIVE
SUITE 100
City-State-Zip: BROOKFIELD, WI 53005

Title VP
Name GUSTAFSON, NICOLE A
Address 245 S. EXECUTIVE DRIVE, SUITE 100
City-State-Zip: BROOKFIELD WI 53005

Title CEO
Name SKONIECZNY, MARK A
Address 245 S. EXECUTIVE DRIVE, SUITE 100
City-State-Zip: BROOKFIELD WI 53005

Title DIRECTOR
Name SKONIECZNY, MARK A.
Address 245 S. EXECUTIVE DRIVE, SUITE 100
City-State-Zip: BROOKFIELD, WI 53005

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: NICOLE A. GUSTAFSON

VICE PRESIDENT

06/26/2023

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

HERNANDO COUNTY EMPLOYMENT DISCLOSURE CERTIFICATION STATEMENT

1-9-23
(date)

Hernando County
Purchasing and Contracts Department
15470 Flight Path Drive
Brooksville, FL 34604

The undersigned certifies that to the best of his/her knowledge:

Is any officer, partner, director, proprietor, associate or member of the business entity a former employee of Hernando County within the last two (2) years? No Yes

Is any officer, partner, director, proprietor, associate or member of the business entity a relative or member of the household of a current Hernando County employee that had or will have any involvement with this procurement or contract authorization?

No Yes

If the answer to either of the above questions is "Yes", complete the "Relatives and Former Hernando County Employees - Roles and Signatures" table (Part A and/or Part B, as applicable).

Bidder:

MIKE.MOWRY@REV FIRE GROUP.COM
(Email address)

725 SW 46TH AVE
(Address) 6294 FL 34474


(Signature required)

262-330-9660
(Phone)

MIKE MOWRY
(Print name)

(Fax)

GENERAL MANAGER
(Print title)

47-4454880
(Federal Taxpayer ID Number)

Relatives and Former Hernando County Employees – Roles and Signatures

Part A: Employees that left Hernando County in the last two years.

Employee Name/Signature	Job Performed for Hernando County	Current Role with Business Entity	Date Left Hernando County
Name: _____ Sign: _____ • Involved with this procurement on behalf of Hernando County? No <input type="checkbox"/> Yes <input type="checkbox"/> • Involved with proposal development for this procurement? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Name: _____ Sign: _____ • Involved with this procurement on behalf of Hernando County? No <input type="checkbox"/> Yes <input type="checkbox"/> • Involved with proposal development for this procurement? No <input type="checkbox"/> Yes <input type="checkbox"/>		NONE	
Name: _____ Sign: _____ • Involved with this procurement on behalf of Hernando County? No <input type="checkbox"/> Yes <input type="checkbox"/> • Involved with proposal development for this procurement? No <input type="checkbox"/> Yes <input type="checkbox"/>			

Part B: Identify officers, partners, directors, proprietors, associates or members of the business entity that are relatives or members of the household of Hernando County employees currently working for Hernando County, if Hernando County employee had or will have any involvement with this procurement of contract.

Firm Officer, Partner, Director, Proprietor, Associate or Member Name	Name and Relationship of Relative or Member of Household Employed at Hernando County	Role at Hernando County	Hernando County employee's Role with this Procurement
NONE			

(Make copies of this form as needed to list additional employees.)

This document should be completed and returned with your submittal.

SOLICITATION - OFFER - AWARD

SOLICITATION NO: 23-TSS00402/JG	SOLICITATION TITLE: Outside Repair for E-One, Spartan, Ferrara Fire Apparatus, Road Rescue and Ambulance	DATE ISSUED: October 18, 2023	CONTRACT NO: 23-TSS00402/JG
ISSUED BY: BOARD OF COUNTY COMMISSIONERS HERNANDO COUNTY, FLORIDA John Allocco, Chairman Elizabeth Narverud, Vice Chairman Steve Champion, Second Vice Chairman Jerry Campbell Brian Hawkins		SUBMIT BID OFFER TO: HERNANDO COUNTY PROCUREMENT 15470 FLIGHT PATH DRIVE BROOKSVILLE, FL 34604 Carla Rossiter-Smith Chief Procurement Officer	

SOLICITATION

SEALED OFFERS, FOR FURNISHING THE SERVICES, SUPPLIES OR EQUIPMENT DESCRIBED HEREIN WILL BE RECEIVED AT THE OFFICE OF PURCHASING AND CONTRACTS DEPARTMENT, VIA HERNANDO COUNTY'S EPROCUREMENT PORTAL AT: <http://secure.procurenow.com/portal/hernandocounty>, ON **10/25/23**. NO BID OFFERS WILL BE ACCEPTED AFTER THE ABOVE STIPULATED DATE AND TIME. THIS IS AN ADVERTISED SOLICITATION AND THE RESPONDING BIDDERS WILL BE PUBLICLY READ IN THE PURCHASING AND CONTRACTS CONFERENCE ROOM AT **5:00 P.M. 10/25/2023**. PURSUANT TO FS 119.071 (current version), SEALED BIDS, PROPOSALS, OR REPLIES RECEIVED BY AN AGENCY PURSUANT TO A COMPETITIVE SOLICITATION ARE EXEMPT FROM FINAL INSPECTION UNTIL SUCH TIME AS THE AGENCY PROVIDES NOTICE OF AN INTENDED DECISION OR UNTIL THIRTY (30) DAYS AFTER OPENING THE BIDS, PROPOSALS, OR FINAL REPLIES, WHICHEVER IS EARLIER.

ITEM NO.	DESCRIPTION OF SERVICE/SUPPLIES/EQUIPMENT	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT
1	The Vendor/Contractor will supply all materials, labor, and equipment in order to accomplish the Outside Repair for E-One, Spartan, Ferrara Fire Apparatus, Road Rescue and Ambulance, as described in the specifications and construction plans showing the proposed improvements in Hernando County, Florida. (SEE ATTACHED SPECIFICATIONS)	x	XXXXX	XXXXXXXXXX	\$ _____

OFFER

(TERMS, CONDITIONS AND SPECIFICATIONS ARE INCLUDED AS PARTS HEREOF)

IN COMPLIANCE WITH THE ABOVE, THE UNDERSIGNED, BEING DULY AUTHORIZED TO SIGN THIS BID FOR THE BIDDER, AGREES THAT IF THIS OFFER IS ACCEPTED WITHIN ONE HUNDRED TWENTY (120) DAYS FROM THE BID OPENING DATE, TO FURNISH TO HERNANDO COUNTY ANY AND ALL ITEMS FOR WHICH PRICES ARE OFFERED IN THIS BID SOLICITATION AT THE PRICE(S) SO OFFERED, DELIVERED AT DESIGNATED POINT(S), WITHIN THE TIME PERIOD SPECIFIED, AND AT THE TERMS AND CONDITIONS SO STIPULATED IN THE SOLICITATION FOR BIDS.

DISCOUNT FOR PROMPT PAYMENT: _____ % 10 CALENDAR DAYS _____ % 20 CALENDAR DAYS _____ % _____ CALENDAR DAYS

BIDDER'S INFORMATION REV RTC, INC DBA HALLMARK RTC Company Name 725 SW 46 TH AVE Address OCALA FL 34474 City 262-330-9660 State Zip Code MIKE.MOWRY@REVFIREGROUP.COM Phone Number Fax Number Email Address	NAME AND TITLE OF PERSON AUTHORIZED TO SIGN BID OFFER: BIDDER'S SIGNATURE OFFER DATE 1-9-23
---	---

AWARD

(TO BE COMPLETED BY COUNTY)

REVIEWED FOR LEGAL SUFFICIENCY 9/20/2023	LR NO.: 2023-557-1	BY: Melissa Tartaglia
ACCEPTED AS TO ITEM(S) NO:	AMOUNT:	ACCOUNTING CODE:
SUBMIT INVOICES TO: Hernando County Fleet Department 1525 East Jefferson St Brooksville, FL 34601	NAME AND TITLE OF PERSON AUTHORIZED TO SIGN ACCEPTANCE AND AWARD FOR THE COUNTY:	
	SIGNATURE:	AWARD DATE: