



City of Port St. Lucie
Procurement Management Division
Nathaniel Rubel, Assistant Director
121 SW Port St. Lucie Blvd., Port St. Lucie, FL 34984

[PARAMOUNT POWER] RESPONSE DOCUMENT REPORT

IFB No. 20250037

Maintenance of Portable and Stationary Generators

RESPONSE DEADLINE: March 10, 2025 at 3:00 pm

Report Generated: Monday, March 10, 2025

Paramount Power Response

CONTACT INFORMATION

Company:

Paramount Power

Email:

ascates@paramountpwr.com

Contact:

Alan Scates

Address:

2788 Fairfield Ave South
St Petersburg, FL 33712

Phone:

(727) 536-9979

Website:

N/A

Submission Date:

Mar 10, 2025 2:59 PM (Eastern Time)

ADDENDA CONFIRMATION

Addendum #1

Confirmed Mar 10, 2025 2:48 PM by Alan Scates

QUESTIONNAIRE

1. Mandatory Forms

PLEASE UPLOAD YOUR COST WORKSHEET - SCHEDULE A*

Cost_Work_Sheet_Schedule_A_Bid_20250037_From_Paramount_Power.xlsx

CONTRACTOR'S GENERAL INFORMATION WORKSHEET*

It is understood and agreed that the following information is to be used by the City to determine the qualifications of prospective Contractor to perform the work required. The Contractor waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Contractor.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, Engineer, Surety, bank, material or equipment manufacturer, or distributor, or any person, firm or corporation to furnish the City any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Please download the below documents, complete, and upload.

- [PSL- Contractor's General I...](#)

PSL_Contractors_General_Information_Worksheet_1_Bid_20250037_from_Paramount_Power_Bid_20250037.pdf

E-VERIFY FORM *

Please download the below documents, complete, and upload.

- [E-Verify Form.pdf](#)

E_Verify_Form_Bid_20250037_from_Paramount_Power_x.pdf

NON-COLLUSION AFFIDAVIT *

Please download the below documents, complete, and upload.

- [Non-Collusion Affidavit-fil...](#)

Non-Collusion_Affidavit_Bid_20250037_from_Paramount_Power.pdf

SUPPLIER LOCATION CERTIFICATION

Please download the below documents, complete, and upload.

- [Supplier Location Certifica...](#)

Supplier_Location_Certification_Form_1_Bid_20250037_from_Paramount_Power.pdf

COPY OF W-9*

W-9_Bid_20250037_from_Paramount_Power.pdf

COPY OF CERTIFICATE OF INSURANCE*

COI_Bid_20250037_Paramount_Power.pdf

COPY OF LICENSES OR CERTIFICATIONS*

Paramount_Power_Business_Florida_Division_of_Corporation_Bid_20250037.pdf

COPY OF BID BOND*

Deposit_Cashiers_Check_Bid_20250037_from_Paramount_Power.pdf

2. Electronic Confirmation

CONE OF SILENCE *

To ensure fair consideration is given for all Proposers, it must be clearly understood that upon release of the proposal and during the proposal process, firms and their employees of related companies as well as paid or unpaid personnel acting on their behalf shall not contact or participate in any type of contact with City employees, department heads or elected officials, up to and including the Mayor and City Council. The "Cone of Silence" is in effect for this solicitation from the date the solicitation is advertised on the OpenGov Portal, until the time an award decision has been approved by City Council and fully executed by all parties. Information about the Cone of Silence can be found under the City Code of Ordinances, Section 35.13. Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through the Issuing Officer, for the procurement of these services.

Confirmed

CONTRACTOR'S CODE OF ETHICS*

The City of Port St Lucie ("City"), through its Procurement Management Division ("Procurement Management Division") is committed to a procurement process that fosters fair and open competition, is conducted under the highest ethical standards and enjoys the complete confidence of the public. To achieve these purposes, Procurement Management Division requires each vendor who seeks to do business with the City to subscribe to this Contractor's Code of Ethics.

- ◆ A Contractor's bid or proposal will be competitive, consistent and appropriate to the bid documents.
- ◆ A Contractor will not discuss or consult with other Vendors intending to bid on the same Contract or similar City Contract for the purpose of limiting competition. A Vendor will not make any attempt to induce any individual or entity to submit or not submit a bid or proposal.
- ◆ Contractor will not disclose the terms of its bids or proposal, directly or indirectly, to any other competing Vendor prior to the bid or proposal closing date.
- ◆ Contractor will completely perform any Contract awarded to it at the contracted price pursuant to the terms set forth in the Contract.
- ◆ Contractor will submit timely, accurate and appropriate invoices for goods and/or services actually performed under the Contract.

- ◆ Contractor will not offer or give any gift, item or service of value, directly or indirectly, to a City employee, City official, employee family member or other vendor contracted by the City.
- ◆ Contractor will not cause, influence or attempt to cause or influence, any City employee or City Official, which might tend to impair his/her objectivity or independence of judgment; or to use, or attempt to use, his/her official position to secure any unwarranted privileges or advantages for that Vendor or for any other person.
- ◆ Contractor will disclose to the City any direct or indirect personal interests a City employee or City official holds as it relates to a Vendor contracted by the City.
- ◆ Contractor must comply with all applicable laws, codes or regulations of the countries, states and localities in which they operate. This includes, but is not limited to, laws and regulations relating to environmental, occupational health and safety, and labor practices. In addition, Contractor must require their suppliers (including temporary labor agencies) to do the same. Contractor must conform their practices to any published standards for their industry. Compliance with laws, regulations and practices include, but are not limited to, the following:
 - o Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling and substitution methods.
 - o Providing workers with a safe working environment, which includes identifying and evaluating workplace risks and establishing processes for which employee can report health and safety incidents, as well as providing adequate safety training.
 - o Providing workers with an environment free of discrimination, harassment and abuse, which includes establishing a written antidiscrimination and anti-bullying/harassment policy, as well as clearly noticed policies pertaining to forced labor, child labor, wage and hours, and freedom of association.

DISCLAIMER: This Code of Ethics is intended as a reference and procedural guide to Contractors. The information it contains should not be interpreted to supersede any law or regulation, nor does it supersede the applicable Contractor Contract. In the case of any discrepancies between it and the law, regulation(s) and/or contractor contract, the law, regulatory provision(s) and/or vendor contract shall prevail.

Confirmed

DRUG FREE WORKPLACE*

The undersigned Contractor in accordance with section 287.087, Florida Statutes, hereby certifies that they comply fully with the below requirements.

1. Publish a statement notifying employees that the unlawful manufacture, distribution, 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 proposal 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 proposal, 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 Florida Statutes or of any controlled substance law of the United States 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.

Confirmed

AFFIDAVIT OF NONGOVERNMENT ENTITY ANTI-HUMAN TRAFFICKING LAWS*

In accordance with section 787.06(13), Florida Statutes, the representative of the nongovernmental entity bidder ("Entity"), attests under penalty of perjury that the Entity does not use coercion for labor or services as defined in section 787.06.

Confirmed

I CERTIFY THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS IN THIS SOLICITATION, AND THAT I AM AUTHORIZED TO
SUBMIT THIS RESPONSE ON BEHALF OF MY COMPANY.*
Confirmed

13. Has the Contractor or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes ()

No (X)

If yes, please explain:

14. List any lawsuits pending or completed within the past five (5) years involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

NO

(N/A is not an acceptable answer - insert lines if needed)

15. List any judgments from lawsuits in the last five (5) years:

NO

(N/A is not an acceptable answer - insert lines if needed)

16. List any criminal violations and/or convictions of the Proposer and/or any of its principals:

NO

(N/A is not an acceptable answer - insert lines if needed)

17. List subcontractors and major material suppliers for the project. Include telephone numbers. Insert additional sheets if necessary.

NA



Signature

President
Title

E-Verify Form

Supplier/Consultant acknowledges and agrees to the following:

1. Shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Supplier/Consultant during the term of the contract; and
2. Shall expressly require any subcontractors performing work or providing services pursuant to the state contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.
3. The Contractor hereby represents that it is in compliance with the requirements of Sections 448.09 and 448.095, Florida Statutes. The Contractor further represents that it will remain in compliance with the requirements of Sections 448.09 and 448.095 Florida Statutes, during the term of this contract and all attributed renewals.
4. The Contractor hereby warrants that it has not had a contract terminated by a public employer for violating Section 448.095, Florida Statutes, within the year preceding the effective date of this contract. If the Contractor has a contract terminated by a public employer for any such violation during the term of this contract, it must provide immediate notice thereof to the City.

E-Verify Company Identification Number 250663

Date of Authorization 1/1/2018

Name of Contractor Paramount Power

Name of Project St Lucie Bid

Solicitation Number
(If Applicable) 20250037

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____ in _____ (city), _____ (state).

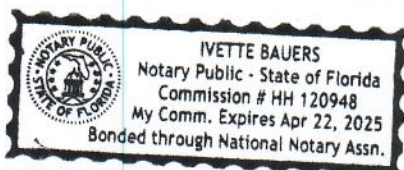
Misty Perry Misty Perry
Signature of Authorized Officer Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 10 DAY OF March, 2025

NOTARY PUBLIC Ivette Bauers

My Commission Expires: 4/22/2025





NON-COLLUSION AFFIDAVIT

State of Florida }

County of Marion }

Misty Perry, being first duly sworn, disposes and says that:
(Name/s)

1. They are President of Paramount Power the Proposer that
(Title) (Name of Company)

has submitted the attached PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such PROPOSAL;

3. Such Proposal is genuine and is not a collusive or sham Proposal;

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contract for which the attached proposal has been submitted or to refrain from proposing in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.



(Signed) Misty Perry
(Title) President

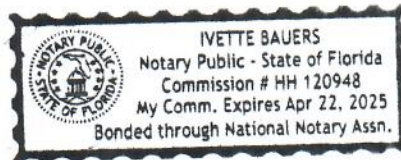
STATE OF FLORIDA }
COUNTY OF ST. LUCIE } SS:

The foregoing instrument was acknowledged before me this (Date) March 10, 2025
by: Misty Perry who is personally known to me or who has produced
_____ as identification and who did (did not) take an oath.

Commission No. HH 12948

Notary Print: Ivette Bauers

Notary Signature: [Signature]





SUPPLIER LOCATION CERTIFICATION

The undersigned, as a duly authorized representative of the Supplier listed herein, certifies to the best of their knowledge and belief, that the Supplier's location is correctly reflected based upon the below information. For purposes of this section, "Location" shall mean a business which:

- How far is the Supplier's fixed office or distribution point located from City Hall; and
- Is the principal offeror who is a single offeror; a business which is the prime contractor and not a subcontractor; or a partner or joint venturer submitting an offer in conjunction with other businesses.

Complete the following and upload this document and the Google Maps print out to the required sourcing platform:

Business Name: Paramount Power	
Current Local Address: PO Box 530098, St. Petersburg, FL 33747	Phone: 727-285-3279
Length of time at this address: 1 month	Fax: 727-530-1495
Please provide your prior business address if the above address has been for less than one (1) year, prior to the issuance of this solicitation. 7855 126th Ave N, Largo FL 33773	
Length of time at this address: 35 years	
Home Office Address: 2788 Fairfield Avenue South, St. Petersburg FL 33712	Phone: 727-285-3279
Length of time at this address: 1 month	Fax: 727-530-1495

(Signed) *Misty Perry*
(Title) **President**

STATE OF FLORIDA }
COUNTY OF ST. LUCIE} SS:

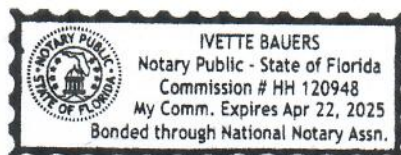
The foregoing instrument was acknowledged before me this (Date) *March 10, 2025*

by: *Misty Perry* who is personally known to me or who has produced

as identification and who did (did not) take an oath.

Ivette Bauers
Notary (print & sign name)

Commission No. *HH120948*



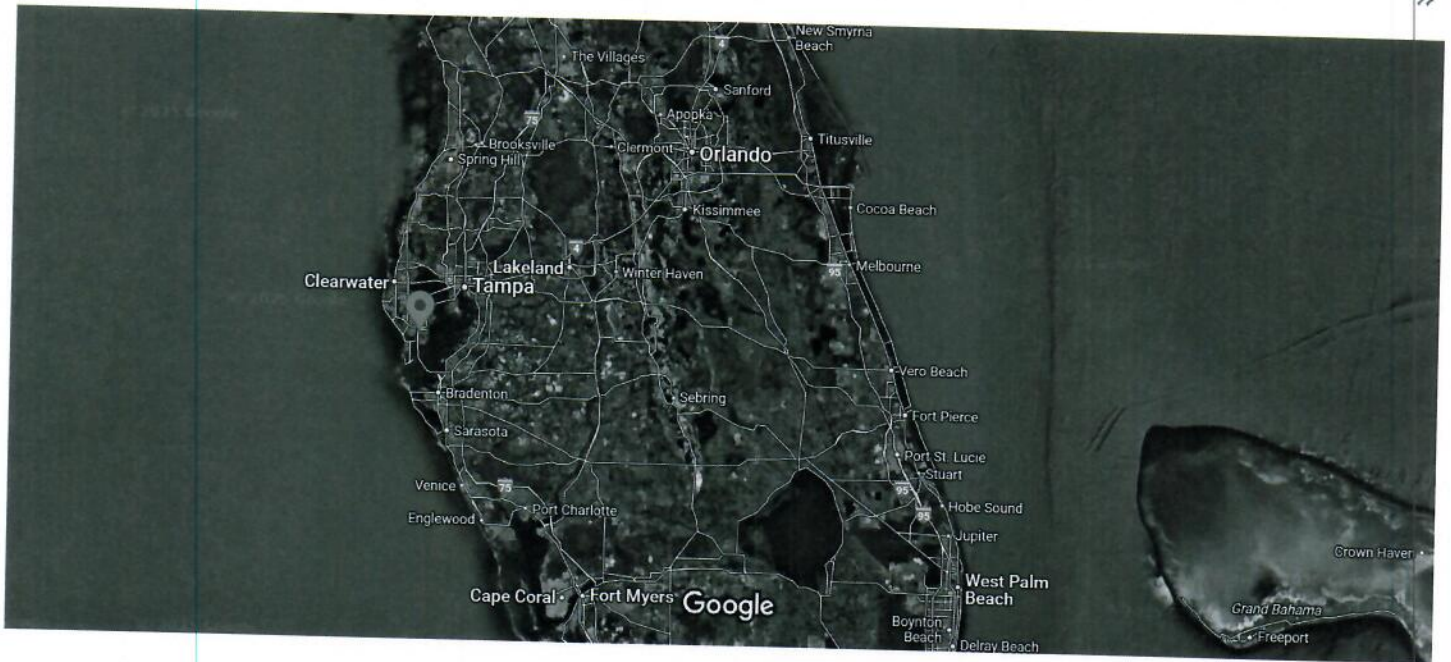
3/8/25, 1:20 PM

800 28th St S - Google Maps

Google Maps

800 28th St S

800 28th Street South, St Petersburg FL 33712



Imagery ©2025 TerraMetrics, Map data ©2025 Google 20 mi

<https://www.google.com/maps/place/800+28th+St+S,+St.+Petersburg,+FL+33712/@27.7723594,-81.2009416,294005m/data=!3m1!1e3!4m6!3m5!1s0x88c2e24784d94d99:0x5f91de03c9fd77e9!8m2!3d...>

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 Specific Instructions 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.) Paramount Power 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. 7855 126th Ave N 6 City, state, and ZIP code Largo, FL 33773 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.

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.

Social security number	
<input type="text"/>	<input type="text"/>
or	
Employer identification number	
<input type="text"/>	<input type="text"/>

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 <i>Misty King</i>	Date <i>1-16-2025</i>
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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



CJSSALE-01

BINSINGER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/31/2024

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

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

PRODUCER Acrisure Southeast Partners Insurance Services, LLC 1317 Citizens Blvd Leesburg, FL 34748	CONTACT NAME: PHONE (A/C, No, Ext): (800) 845-8437 FAX (A/C, No): E-MAIL ADDRESS:
INSURED Paramount Power Inc 7855 126th Ave, Ste H Largo, FL 33773	INSURER(S) AFFORDING COVERAGE INSURER A : Nationwide Assurance Company NAIC # 10723 INSURER B : Progressive Express Insurance Company 10193 INSURER C : Nationwide Mutual Insurance Company 23787 INSURER D : StarStone Specialty Insurance Company 44776 INSURER E : INSURER F :

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ACP CG013097432901	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			03622064	5/1/2024	5/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			ACP CU013097432901	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Pollution Liability			K76265253AEM	1/1/2025	1/1/2026	Per Occurrence 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Information Only

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



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

Detail by Entity Name

Florida Profit Corporation
PARAMOUNT POWER, INC.

Filing Information

Document Number	P96000052702
FEI/EIN Number	59-3386520
Date Filed	06/20/1996
State	FL
Status	ACTIVE
Last Event	MERGER NAME CHANGE
Event Date Filed	10/31/2007
Event Effective Date	NONE

Principal Address

7855 126TH AVENUE NORTH
LARGO, FL 33773

Changed: 04/23/2003

Mailing Address

7855 126TH AVENUE NORTH
LARGO, FL 33773

Changed: 04/23/2003

Registered Agent Name & Address

Perry, Misty
7855 126TH AVENUE NORTH
LARGO, FL 33773

Name Changed: 01/07/2021

Address Changed: 01/05/2004

Officer/Director Detail

Name & Address

Title President

Perry, Misty
7855 126TH AVENUE NORTH
LARGO, FL 33773

Annual Reports

Report Year	Filed Date
2022	01/31/2022

2023 03/15/2023
2024 04/08/2024

Document Images

04/08/2024 -- ANNUAL REPORT	View image in PDF format
03/15/2023 -- ANNUAL REPORT	View image in PDF format
01/31/2022 -- ANNUAL REPORT	View image in PDF format
01/07/2021 -- ANNUAL REPORT	View image in PDF format
12/28/2020 -- Reg. Agent Resignation	View image in PDF format
05/16/2020 -- AMENDED ANNUAL REPORT	View image in PDF format
03/05/2020 -- ANNUAL REPORT	View image in PDF format
03/29/2019 -- ANNUAL REPORT	View image in PDF format
01/09/2018 -- ANNUAL REPORT	View image in PDF format
03/23/2017 -- ANNUAL REPORT	View image in PDF format
01/26/2016 -- AMENDED ANNUAL REPORT	View image in PDF format
01/22/2016 -- ANNUAL REPORT	View image in PDF format
02/23/2015 -- ANNUAL REPORT	View image in PDF format
07/08/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
03/10/2014 -- ANNUAL REPORT	View image in PDF format
04/15/2013 -- ANNUAL REPORT	View image in PDF format
04/11/2012 -- ANNUAL REPORT	View image in PDF format
04/20/2011 -- ANNUAL REPORT	View image in PDF format
04/06/2010 -- ANNUAL REPORT	View image in PDF format
03/24/2009 -- ANNUAL REPORT	View image in PDF format
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MILLENNIUM
BANK

Cashier's Check

078845

Date: 3/10/25

Branch: 0015
MALEXANDER

REMITTER

PARAMOUNT POWER INC
7855 126TH AVENUE NORTH

**PAY
TO THE
ORDER OF**

EXACTLY **8,025 AND 00/100 DOLLARS

\$8,025.00

CITY OF PORT ST. LUCIE

Angela Bruno

⑈0000078845⑈ ⑆064208518⑆ 20000103⑈



MILLENNIUM
BANK

Cashier's Check

078845

REMITTER:

PARAMOUNT POWER INC
7855 126TH AVENUE NORTH
LARGO, FL 33773

DATE: 3/10/25

BRANCH: 0015
ORIGINATOR: MALEXANDER
CK AMT: \$8,025.00
FEE AMT: \$.00

TOTAL: \$8,025.00

TO: CITY OF PORT ST. LUCIE

NON-NEGOTIABLE



CONTRACTOR'S GENERAL INFORMATION WORK SHEET

1. Corporation, Partnership, Joint Venture, Individual or other?
_____ Corporation _____

2. Firm's name and main office address, telephone and fax numbers

Name: Paramount Power Inc.

Address: 2788 Fairfield Ave South

St Petersburg, FL 33712

Telephone Number: 727-285-3279

Fax Number: 727-530-1495

3. Contact person: ___Misty Perry___ Email:
_____service@paramountpwr.com_____

4. Firm's previous names (if any). _____ Diesel Energy Systems
Inc. _____

5. How many years has your organization been in business? 35 years

6. Is the firm claiming Local Preference under City Ordinance 35.12? NO

7. List the license(s) that qualifies your firm to construct this project: _____ No licenses are needed for
generator maintenance and repairs. _____

10. List five (5) similar to this project completed by your firm in the last 5 years along with a brief description of project, location of project, client name, client phone number, email, value of contract, your firm's percentage of the total contract value, as well as the number of change orders and the total change order value. **DO NOT USE the City of Port St Lucie as a reference.**

Project Number 1

Project Name: Hernando County Schools Generator Maintenance and Repair
Description: Provide PM services, load bank testing and repairs on Hernando County Schools generators.

Location: Hernando County, Florida

Client Name, Phone Number & Email: Hernando County School District, 352-797-7060, hall_B@hcsb.k12.fl.us

Value of Total Contract: \$48,720.00

Date of Completion: Still Ongoing

Firm's Percentage of Total Contract: 100%

Number of Change Orders: Two one year renewals

Value of Change Orders: \$32,480.00

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

Project Number 2

Project Name: City of Oldsmar generator Maintenance and Repair
Description: Provide PM services, load bank test and repairs on mobile stationary generators.

Location: Oldsmar, FL

Client Name, Phone Number & Email: City of Oldsmar, 813-433-8083, scappolia@myoldsmar.com

Value of Total Contract: Time and Material estimated at \$55k

Date of Completion: Still Ongoing

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

Project Number 3

Project Name: Pinellas County Generator Maintenance, repair and Operations

Description: Provide PM services, load bank testing and repairs services on generators for Pinellas County.

Location: Pinellas County, FL

Client Name, Phone Number & Email: Pinellas County, 727-464-5255, sbeacht@pinellas.gov

Value of Total Contract: Time and Material estimated at \$50k

Date of Completion: Still Ongoing

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

Project Number 4

Project Name: City of St Petersburg Generator Maintenance and Repair

Description: Provide PM services, load bank testing and repairs service on generators at The City of St Petersburg.

Location: St Petersburg, FL

Client Name, Phone Number & Email: City of St Petersburg, 727-893-7889, michelle.mcdaniel@stpete.org

Value of Total Contract: Time and Material estimated at \$45k

Date of Completion: Still Ongoing

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

Project Number 5

Project Name: Pinellas Park Generator Maintenance and Repair

Description: : Provide PM services, load bank testing and repairs service on generators at The City of Pinellas Park.

Location: Pinellas Park, FL

Client Name, Phone Number & Email: City of Pinellas Park, 727-369-5736, tphan@pinellas-park.com

Value of Total Contract: Time and Material estimated at \$6K
Date of Completion: Still Ongoing
Firm's Percentage of Total Contract: 100%
Number of Change Orders: 0
Value of Change Orders: 0
Was Project Completed on Schedule: Yes
Was Project Completed within Budget? Yes

11. List the number of personnel that will be assigned to the project and include job titles and their licenses or certifications.

_____Misty Perry – President, Alan Scates – Sales, Kenny Akors – Service Manager, Kevin Back – Pats Manager, Ashley Pike – Scheduling Manager, Rose Flores – Office Administrator, Sara Bates – Accounting,

5 Trained Generator Technicians

12. Has the Contractor or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? List the name of project, location, client, engineer, date and reason. Use additional pages if needed.

Total Number of Projects where Failure to Complete Work Occurred:

_____No_____

Project Number 1

Project Name: NA

Project Location:NA

Client Name and Phone Number:NA

Engineer Name and Phone Number:NA

Date:NA

Reason:NA

Insert additional projects if needed.

13. Has the Contractor or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes ()

No (X)

If yes, please explain:

14. List any lawsuits pending or completed within the past five (5) years involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

NO

(N/A is not an acceptable answer - insert lines if needed)

15. List any judgments from lawsuits in the last five (5) years:

NO

(N/A is not an acceptable answer - insert lines if needed)

16. List any criminal violations and/or convictions of the Proposer and/or any of its principals:

NO

(N/A is not an acceptable answer - insert lines if needed)

17. List subcontractors and major material suppliers for the project. Include telephone numbers. Insert additional sheets if necessary.

NA



Signature

President
Title