

EXHIBIT "B"

BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY ECONOMIC DEVELOPMENT AD VALOREM TAX EXEMPTION PROGRAM ANNUAL REPORT

FOR EXEMPTION PERIOD: January 1, 2011 to December 31, 2011

As required by Section 5.1. of the Ad Valorem Tax Exemption Ordinance for this program, this form is to be filed with the Board of County Commissioners no later than March 1 for each year the exemption is in effect and still desired by the business.

1. BUSINESS NAME and mailing address: SOUTH FLORIDA JANITORIAL & POOL SUPPLY 2119 CONGRESS AVE. RIVIERA BEACH, FL 33404
2. Name and telephone number of business owner or person in charge of this business: Angie Blash (561) 848-7002
3. Exact location (street address) of property for which this report is filed: Congress Park Lt 9; 2119 congress Ave Riviera Beach, FL 33404
4. Date you began business activities at this facility: Dec. 2002
5. REAL PROPERTY a) Description of the improvements to real property for which this exemption is requested: Development of freestanding office and distribution facility b) Date of commencement of construction of improvements: Feb. 2002
6. TANGIBLE PERSONAL PROPERTY a) Description of the tangible personal property for which this exemption is requested and date when property was purchased: Provide this information on the attached form PB-418(6a)/AR, "Tangible Personal Property" Annual Report. b) Average value of inventory on hand as of January 1st: [\$ 256,310.00]
7. Have you maintained the definition of a <input type="checkbox"/> "New Business" or as an <input type="checkbox"/> "Expansion of an Existing Business"? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Describe the type or nature of your business: Wholesale distributor of janitorial supplies
9. Trade level (check as many as apply): <input checked="" type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional <input type="checkbox"/> Service <input type="checkbox"/> Office <input type="checkbox"/> Other
10. JOBS AND AVERAGE ANNUAL SALARY a) Fill out the attached form PB-418(6b)/AR, "Jobs And Average Annual Salary" for the appropriate year and provide the following: b) Total number of full-time, equivalent and seasonal employees in Palm Beach County: [18]. (attach current payroll roster as of January 1st (covers employee payroll for Jan. 1st through to Dec. 31st of prior year; provide hire dates; omit names and social security numbers of employees) c) Net increase in full-time employment [N/A] and percentage increase since exemption was granted [%] d) Average annual salary of employees as of January 1st payroll roster with executive positions. \$44,124.34 e) Average annual salary of employees as of January 1st payroll roster without executive positions. \$25,262.54
11. TOTAL SALES Sales factor for the facility requesting exemption: Total sales in Palm Beach County ending December 31st of prior year from this facility [\$ N/A] Divided by total sales everywhere from this facility ÷ [\$] equals [%] Percentage increase in productive output resulting from this expansion since year exemption was granted [%]

12. For office or facility space owned or leased and used by a corporation newly domiciled in Florida:

a) Date of incorporation in Florida: **N/A**

b) Number of full-time employees at the time of application: [] and currently at this location: []

I agree to furnish such other reasonable information as the Board of County Commissioners may request in regard to the exemption. I hereby certify that the information and valuation stated above by me is true, correct, and complete to the best of my knowledge and belief. (If prepared by someone other than the taxpayer, his/her declaration is based on all information of which he has any knowledge.)


Taxpayer Name & Title:	Preparer Name, Address & Telephone Number: Robert Slate 9310 Old Kings Rd. #1602 Jacksonville, FL 32257
SIGNATURE	SIGNATURE 
DATE	DATE

EXHIBIT "B" - ANNUAL REPORT (continued)

NOTARIZATION OF ANNUAL REPORT

I. The information provided in the Annual Report is accurate and complete for the business facility identified hereinabove.

II. NOTARY

State of Florida
County of Duval

Sworn in Subscribed this 7th day of February 2011,
by Robert Slate who is personally known to me.



Saul Crafton

Notary Public

My comm exp July 26, 2013

SOUTH FLORIDA JANITORIAL PAYROLL ROSTER

	DOH	Address	City	St	Zip
1	1/1/95	14522 Cypress Island	Palm Beach Gardens	FL	33410
2	1/1/98	14522 Cypress Island	Palm Beach Gardens	FL	33410
3	2/27/98	2431 N Wallen Dr.	Palm Beach	FL	33410
4	8/21/98	8405 SE Woodcrest PL	Hobe Sound	FL	33455
5	4/29/99	1801 Wedgewood Plaza Dr	Riviera Beach	FL	33404
6	5/11/00	928 30th Ct.	W.Palm Beach	FL	33407
7	12/29/00	15511 N 76 Trail	Palm Beach Gardens	FL	33410
8	1/30/06	437 San Mateo Dr	Palm Springs	FL	33461
9	11/2/01	7307 Willows Springs	Boynton Beach	FL	33436
10	11/8/01	1637 44 St	W. Palm Beach	FL	33407
11	12/3/01	8095 Marshwood Lane	Lake Worth	FL	33467
12	10/14/02	2117 NE 64th St.	Ft. Lauderdale	FL	33308
13	1/1/04	5515 NW 89 Way	Coral Springs	FL	33067
14	7/30/04	900 NE 7th St	Pompano	FL	33060
15	2/21/05	1329 Palm Beach Lakes	West Palm Beach	FL	33401
16	7/16/07	1931 Merry Place	West Palm Beach	FL	33407
17	6/1/10	13931 Via Raphael	Delray Beach	FL	33446
18	7/26/10	3946 Dale Rd	Palm Springs	FL	33406

2011 of Exemption -- Return to : PBC Property Appraiser 1/2011
Economic Development Ad Valorem Property Tax Exemption
Chapter 196.1995, Florida Statutes

DR-418
R. 12/99

To be filed with the Board of County Commissioners, the governing boards of the municipality, or both, no later than March 1 of the year the exemption is desired to take effect.

1. Business Name and Mailing Address: SOUTH FLORIDA JANITORIAL & POOL SUPPLY
2119 CONGRESS AVE. RIVIERA BEACH, FL 33404

2. Please give name and telephone number of Owner or Person in charge of this Business.
Name: Angie Blash Telephone Number: (561)848-7002

3. Exact Location (Legal Description and Street Address) of Property for which this return is filed: Congress Park Lt 9; 2119 Congress Ave Riviera Beach FL33404

4. Date you began, or will begin, business at this facility: 12/2002

5. a. Description of the improvements to real property for which this exemption is requested:
N/A

b. Date of commencement of construction of improvements: 2/2002

6. a. Description of the tangible personal property for which this exemption is requested and date when property was, or is to be purchased:

Table with columns: CLASS OR ITEM, AGE, DATE OF PURCHASED, ORIGINAL COST, TAXPAYER'S ESTIMATE OF Condition (Good, Avg, Poor), TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE, Condition, APPRAISER'S USE ONLY. Row 1: *see attached*

b. Average Value of inventory on hand: \$256,310.00

c. Any additional personal property not listed above for which an exemption is claimed must be returned on form DR-405 (Tangible Personal Property Tax Return) and a copy attached to this form.

7. Do you desire exemption as a "New Business" [] or as an "Expansion of an Existing Business" []

8. Describe Type or Nature of Your Business:
Wholesale Distribution of Janitorial Supplies

9. Trade Level (Check as many as apply) Retail [] Wholesale [X] Manufacturing [] Professional [] Service [] Office [] Other []

10. a. Number of full-time employees to be employed in Florida: 18

b. If an expansion of an existing business:
(1) Net increase in employment: N/A or %
(2) Increase in productive output resulting from this expansion: %

11. Sales factor for the facility requesting exemption:
Total sales in Florida from this facility-one (1) location only divided by
Total sales everywhere from this facility-one (1) location only = %

12. For office space owned and used by a corporation newly domiciled in Florida:

a. Date of incorporation in Florida: N/A
b. Number of full-time employees at this location:

I hereby request the adoption of an ordinance granting an exemption from ad valorem taxation on the above property pursuant to Section 196.1995, Florida Statutes. I agree to furnish such other reasonable information as the Board of County Commissioners, the governing authority of the municipality, or the Property Appraiser may request in regard to the exemption requested herein. I hereby certify that the information and valuation stated above by me is true, correct, and complete to the best of my knowledge and belief. (If prepared by someone other than the taxpayer, his declaration is based on all information of which he has any knowledge.)

DATE: 2-7-11 SIGNED: Robert Slate (Preparer)

SIGNED: (Taxpayer) 9310 Old Kings Rd. #1602 Jacksonville, FL 32257 (Preparer's Address)

TITLE: (904)636-0466 (Preparer's Telephone Number)

Property Appraiser's Use Only

I. Total revenue available to the county or municipality for the current fiscal year from ad valorem tax sources:

II. Revenue lost to the county or municipality for the current fiscal year by virtue of exemptions previously granted under this section:

III. Estimate of the revenue which would be lost to the county or municipality during the current fiscal year if the exemption applied for were granted and the property for which the exemption is requested would otherwise have been subject to taxation:

IV. Estimate of the taxable value lost to the county or municipality if the exemption applied for was granted:
Improvements to real property Personal Property

V. I have determined that the property listed above meets the definition, as defined by Section 196.012(15) or (16), Florida Statutes, as a New Business [], an "Expansion of an Existing Business" [], or Neither [].

VI. Last year for which exemption may be applied:

DATE: SIGNED: (Property Appraiser)

9 NORTH FLORIDA JANITORIAL PAYROLL ROSTER

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