PLEASE PRINT *Name & Address are required
NAME: Kimbery Ceonard DATE: 5/2/2024
ADDRESS: 1029 VISCAYA Blvd. PHONE: 720-839-7972
CITY: Saint Augustine county: St Johns STATE: FL ZIP: 32086
CITY: Saint Augustine County: St Johns STATE: FL ZIP: 32086 REPRESENTING: ILATT Bid More Program SIGNATURE: Leulely Legrand I DO NOT WISH TO SPEAK
SIGNATURE: Leulely Learant I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Supporting local small laxinesses
comments from the public subject: Supporting local small lasinesses Through EBO office ? the Bid More program

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT *Name & Address are required
NAME: Lawa Mills DATE: 5/22/24
ADDRESS: 370/ Dan Parts Drive Apt 1001 PHONE: 817-876-8985
CITY: Jacksony/le county: Duval STATE: FL ZIP: 30224
REPRESENTING: Jeatt - Bidmore
SIGNATURE: JULIU JULI I DO NOT WISH TO SPEAK
Sur do So An hast
COMMENTS FROM THE PUBLIC SUBJECT: SUPPRITING Small bussiles
comments from the public subject: Supporting Small bussiless 15 Long term, More then numbers on
a spreadsheet we are building a community.
SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER.
NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT *Name & Address are required
NAME: Shereline Redden DATE: 5-22-24
ADDRESS:
CITY: Jax county: DUVQISTATE: ZIP: 32258
REPRESENTING: The PRESErvation Firm
SIGNATURE: I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: In Support

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT *Name & Address are required	
NAME: Rose Pierre DATE:	5-22-24
ADDRESS: 1318 Van Buren St P	HONE: 904568-4035
CITY: Jacksonville county: Uwal st	TATE: 4 ZIP: 32206
REPRESENTING: East Coast Striping and Paint	nglne
SIGNATURE:	I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Speak on SE	ib

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT *Name & Address are required	
NAME: Gabe Harrda	DATE: 5/22/2024
ADDRESS: 2816 Sans Parcil	PHONE: 984-382-5471
CITY: <u>Jacksonville</u> county:	STATE: FL ZIP: 32246
REPRESENTING: JATT BSd M. SIGNATURE: JACK TO BSD M.	I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT:	

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

NAME: COMPONE DATE: DATE: PHONE:
ADDRESS: PHONE:
CITY: COUNTY: COUNTY: STATE: TZIP:
REPRESENTING:
SIGNATURE: I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT:

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.