# Agenda Report



2725 Judge Fran Jamieson Way Viera, FL 32940

### **Public Hearing**

G.1.

9/12/2023

### Subject:

Ordinance rescinding the Economic Development Ad Valorem Tax Exemption for Midwest Dental Arts, Inc.

### Fiscal Impact:

Midwest Dental Arts, Inc. would no longer receive an ad valorem tax exemption beginning with the 2023 property tax bill.

# Dept/Office:

**County Manager** 

# **Requested Action:**

It is recommended that the Board of County Commissioners consider adopting an Ordinance rescinding the Economic Development Ad Valorem Tax Exemption for Midwest Dental Arts, Inc.

# **Summary Explanation and Background:**

The Brevard County Economic Development Ad Valorem Tax Exemption Program requires that all companies participating in this Program maintain eligibility each year. The County reviews each company's eligibility through their Annual Report filed each year with the County. The Annual Report provides the following information: tangible personal property added, the type of business, total sales in Florida and elsewhere, and the number of employees employed by the company in Brevard County. The County also reviews Federal or State employment information and the information obtained in the records of the Property Appraiser's Office whether an ad valorem tax exemption was applied to the company's property.

During the County's review of the companies' Annual Reports, it was determined that Midwest Dental Arts, Inc. no longer qualifies under the guidelines of the Program as outlined in Ordinance 2018-17 - Project Rainbow (Midwest Dental Arts, Inc.) as the company has not maintained the minimum jobs that they represented to the Board that they would maintain.

A certified letter has been sent to Midwest Dental Arts, Inc., notifying them that the Board of County Commissioners would consider rescinding their Ordinance based on the guidelines of the County's Economic Development Ad Valorem Tax Exemption Program.

# Clerk to the Board Instructions:



### FLORIDA'S SPACE COAST

Kimberly Powell, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

Telephone: (321) 637-2001 Fax: (321) 264-6972 Kimberly.Powell @ brevardclerk.us



September 13, 2023

MEMORANDUM

TO: Frank Abbate, County Manager

RE: Item G.1., Ordinance Rescinding the Economic Development Ad Valorem Tax Exemption for Midwest Dental Arts, Inc.

The Board of County Commissioners, in regular session on September 12, 2023, executed and adopted Ordinance No. 23-24, rescinding the Economic Development Ad Valorem Tax Exemption for Midwest Dental Arts, Inc. and requiring reimbursement of those ad valorem taxes abated during the time period in which Midwest Dental Arts, Inc. was no longer compliant with the terms of the exemption. Enclosed is a fully-executed Ordinance.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS

RACHEL M. SADOFF, CLERK

Kimberly Powell, Clerk to the Board

Encl. (1)

cc: County Attorney

Budget Finance

### **ORDINANCE NO. 2023-** 24

AN ORDINANCE REPEALING ORDINANCE 2018-17 AND SECTION 102-240 OF THE BREVARD COUNTY CODE OF ORDINANCES, GRANTED TO MIDWEST DENTAL ARTS, INC. (PROJECT RAINBOW) FOR CERTAIN AD VALOREM TAX EXEMPTIONS FOR FAILURE TO MEET THE CRITERIA FOR SUCH EXEMPTIONS; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, MIDWEST DENTAL ARTS, INC., Palm Bay, Florida, no longer meets the criteria of Section 196.012 (14) or (15) Florida Statutes and Brevard County Ordinance 2018-17.

NOW THEREFORE, LET IT BE ORDAINED BY THE BOARD OF COUNTY COMMISSIONERS OF BREVARD COUNTY, FLORIDA, as follows:

Section 1. Ordinance 2018-17, codified at Section 102-240 of the Brevard County Code, relating to the economic development ad valorem exemption granted to Midwest Dental Arts, Inc. (Project Rainbow), 1490 Treeland Boulevard SE, Palm Bay, Florida is hereby repealed.

<u>Section 2</u>. In accordance with section (1)(g) of Ordinance 2018-17 and Section 102-189 of the Brevard County Code of Ordinances, Midwest Dental Arts, Inc. shall reimburse those County ad valorem taxes abated in its favor for that period of time that it no longer met the criteria of section 196.012(14) or (15), Florida Statutes.

<u>Section 3</u>. <u>Effective Date</u> - This Ordinance shall become effective immediately upon its adoption and filing as provided by law. A certified copy of the Ordinance shall be filed with the Office of the Secretary of State, State of Florida, within ten days of enactment.

DONE, ORDERED AND ADOPTED in Regular Session this 12th day of September, 2023.

ATTEST:

Rackel M. Sadoff Clar

BOARD OF COUNTY COMMISSIONERS OF BREVARD COUNTY, FLORIDA

BA:

Rita Pritchett, Chair

As approved by the Board on SEP 12 2023

Officially filed with the Secretary of the State on September 27, 2023.



RON DESANTIS
Governor

**CORD BYRD**Secretary of State

September 28, 2023

Honorable Rachel M. Sadoff Board of County Commissioners Brevard County Post Office Box 999 Titusville, FL 32781-0999

Dear Honorable Rachel Sadoff,

Pursuant to the provisions of Section 125.66, Florida Statutes, this will acknowledge receipt of your electronic copy of Brevard County Ordinance No. 2023-24, which was filed in this office on September 27, 2023.

Sincerely,

Anya Owens Administrative Code and Register Director

ACO/wlh

### **Donna Scott**

From:

Municode Ords Admin < Municode Ords @civicplus.com>

Sent:

Friday, September 29, 2023 10:40 AM

To:

Donna Scott

Subject:

RE: Brevard County, FL Code of Ordinances - 1993(10473)

We have received your files.

Thank you and have a nice day.

Ords Administrator

<u>Municodeords@civicplus.com</u>
1-800-262-2633
P.O. Box 2235
Tallahassee, FL 32316

When available, please send all documents in WORD format to <u>Municodeords@civicplus.com</u>. However, if WORD format is not available, we welcome any document format including PDF.

### SVj (she/her/hers)

Production Support Specialist Supplement Department • CivicPlus civicplus.com

# CIVICPLUS

Powering and Empowering Local Governments

From: Donna Scott <donna.scott@brevardclerk.us> Sent: Thursday, September 28, 2023 10:03 AM

To: Municode Ords Admin < Municode Ords@civicplus.com>

Subject: Ordinances to file with Municode

You don't often get email from donna.scott@brevardclerk.us. Learn why this is important

Hello,

Attached is Ordinance Nos. 23-24 and 22-25 to be filed with Municode.

Thank you,
Donna Scott
Assistant Clerk to the Board
321-637-2001



| This email was scanned by Bitdefender                                                                                                                                                                                               |                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Under Florida law, all correspondence sent to the Cle<br>pursuant to Chapter 119 of the Florida Statutes, is pu<br>contents of your e-mail address to be provided to the<br>do not send electronic mail to this entity. Instead, co | iblic record. If you do not want the public record public in response to a public records request, please |
| This email was scanned by Bitdefender                                                                                                                                                                                               | -                                                                                                         |

### **Donna Scott**

From:

County Ordinances < CountyOrdinances@dos.myflorida.com>

Sent:

Thursday, September 28, 2023 9:17 AM

To:

Donna Scott; County Ordinances

Subject:

RE: BRE20230912\_ORIDINANCE2023\_24

**Attachments:** 

Brevard20230927\_Ordinance2023\_24\_Ack.pdf

Good morning,

Please find the attached acknowledgment letter for Brevard County Ordinance No. 2023-24, which was filed in this office on September 27, 2023.

Best,

County Ordinances
Florida Administrative Code and Register
Room 701 The Capitol | Tallahassee, Florida

From: Donna Scott <donna.scott@brevardclerk.us>
Sent: Wednesday, September 27, 2023 2:11 PM

To: County Ordinances < CountyOrdinances@dos.myflorida.com>

Subject: BRE20230912\_ORIDINANCE2023 24

### EMAIL RECEIVED FROM EXTERNAL SOURCE

The attachments/links in this message have been scanned by Proofpoint.

Hello,

Attached is Ordinance No. 2023-24, to be filed with the State for Brevard County.

Thank you, Donna Scott Assistant Clerk to the Board 321-637-2001



This email was scanned by Bitdefender

# ECONOMIC DEVELOPMENT AD VALOREM PROPERTY Chapter 196.1995, Florida Statutes

**DR-418** R. 12/99 Ordinance No.

2018-17

To be filed with the Board of County Commissioners, the governing boards of weathuring boards 1 Business name Midwest Dental Arts . Inc.

| 2 P      | lease give name and telephone number of owner or person in cha                                                | rge of    | this business.  | Ŕ                                               | alm B       | N OFIL                                  | 32909                           |                           |            |                         |
|----------|---------------------------------------------------------------------------------------------------------------|-----------|-----------------|-------------------------------------------------|-------------|-----------------------------------------|---------------------------------|---------------------------|------------|-------------------------|
| N        | ame Jamey Schropp                                                                                             |           |                 | Telephone number                                | 321 1       | 1267                                    | 123                             |                           |            |                         |
| 3 E      | xact Location (Legal Description and Street Address)                                                          | ol Pro    | perly for wh    | ich this return is file                         | d           | T D I                                   | A Indaway                       | egan, or will             |            |                         |
| 50       | asscription of the improvements to continuously for the                                                       | at the    |                 | La constant                                     |             |                                         | begin, bus                      | iness at this i           | acility () | .01.2021                |
| 101      | escription of the improvements to real property for wh<br>NEW CONSTRUCTION OF DENTIAL LO                      | ich ini   | is exemplior    | is requested                                    |             |                                         | Date of commo                   |                           | . 11       | . 01.202                |
| 6 D      | escription of the langible personal property for which this                                                   | yemr      | ullon ls recuse | sted and date when a                            | vonadu u    | ae eciales                              |                                 |                           |            | USE ONLY                |
|          | property for this control                                                                                     | , Autorit | Date of         | Step and date witeri                            |             | payer's Est                             |                                 | AFFRA                     | JEKO       | USE CIVLY               |
|          | Class or Item                                                                                                 | \ge       | Purchase        | Original Cost                                   | Cond        |                                         | rket Rent                       | Cond*                     |            |                         |
|          |                                                                                                               |           |                 | \$                                              |             | \$                                      |                                 | \$                        |            |                         |
|          |                                                                                                               |           |                 | \$                                              |             | \$                                      |                                 | \$                        |            |                         |
|          | ***                                                                                                           |           |                 | \$                                              |             | \$                                      |                                 | \$                        |            |                         |
| _        |                                                                                                               |           |                 | \$                                              |             | \$                                      | 0.000                           | - \$                      |            |                         |
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|          |                                                                                                               |           |                 | \$                                              |             | 9                                       |                                 | - \$                      |            |                         |
| Ave      | rage value of inventory on hand: 4075                                                                         | 0         |                 |                                                 | *Condition  | on: good                                | avg (avera                      | 10) OC 00:                | 05         |                         |
| $\vdash$ | Any additional personal property                                                                              |           | ted above fo    | or which an even of                             | on le clair | ned muel b                              | avy (avera                      | a form                    | N .        |                         |
|          | DR-405 (Tangible P                                                                                            | erson     | al Property     | Tax Relum) and a c                              | opy altac   | hed to this                             | form.                           | ii joilli                 |            |                         |
| 7 D      | o you desire exemption as a 🔲 new business or 🛛                                                               | exp       | ansion of a     | n existing business                             | *           | 9 Trade I                               | evels (chec                     | k as man                  | y as ap    | ply)                    |
| 8 D      | escribe type or nature of your business                                                                       |           |                 |                                                 | Rela        |                                         |                                 |                           |            | Professional            |
|          | bental Lab                                                                                                    |           |                 |                                                 | ☐ Serv      | ice 🔲 Offi                              | ce 🖂                            | Olher, spec               | olfy:      |                         |
| 10       | Number of full-time employees to be employed i                                                                | n Flo     | rida            | 44                                              |             |                                         |                                 |                           |            | **                      |
| 11       | f an expansion of an existing business: Net Increa                                                            |           |                 | 4                                               | % Inc       | rease in pro<br>ulling from             | ductive outp<br>this expansi    | iul<br>on                 |            | %                       |
| 11 8     | Sales factor for the facility requesting exemption                                                            | :         |                 |                                                 |             |                                         |                                 |                           |            |                         |
|          | Total sales in Florida from this facility-one (1) location only 6924014.05                                    |           | divided Total   | i sales everywhere i<br>ly-one (1) locallon o   | from this   | 18241                                   | 14.05                           | =                         | Ιī         | 00 %                    |
|          | For office space owned and used by a Date of in Florida in Florida                                            |           | rporation       | 11/19/2013                                      |             | Number o                                | full-lime<br>s at this loc      | ation 5                   | 32,        | •                       |
| I here   | eby request the adoption of an ordinance granting an                                                          | exem      | ption from a    | d valorem Javatlen e                            | no the ph   | ove proper                              | u nuguani k                     | Saction 1                 | 00 1000    | . Florida               |
| Statu    | iles. I 89/00 to lumish such other reasonable informat                                                        | lon as    | the Board       | of County Commissi                              | onore th    | o novoralne                             | authority of                    | the municipal             | loalitu a  | v the                   |
| corre    | erty Appraiser may request in regard to the exemption<br>ct, and complete to the best of my knowledge and be  | ief. (II  | f prepared b    | n. I nereby certily this<br>V Sameane other th: | at the into | rmation an<br>coaver his                | d valuation s<br>declaration is | ilaled abov<br>s hased on | e by me    | s is irue,<br>mailon of |
| which    | h he has any knowledge.)                                                                                      |           |                 |                                                 |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                 | 3 0 H 0 C 4 0 F 1         | un muon    | IIIBROT OT              |
| Dale     | 11.16.2023                                                                                                    | 9         |                 | Signature, prepa                                | orer        |                                         |                                 |                           |            |                         |
| Signa    | alure, laxpayer                                                                                               |           |                 | Preparer's addre                                | 268         |                                         |                                 |                           |            |                         |
| Title    | president                                                                                                     |           |                 | Preparer's telepi                               | hone nun    | nber                                    |                                 |                           |            |                         |
|          |                                                                                                               |           |                 | praiser's Use On                                |             |                                         |                                 |                           |            |                         |
| 1        | Total revenue available to the county or municipality                                                         |           |                 |                                                 |             |                                         |                                 | \$                        |            |                         |
| ĮĮ.      | Revenue lost to the county or municipality for the curre                                                      | ent fla   | cal year by v   | anollymexe to euch                              | previousi   | y granted u                             | nder this sec                   | llon \$                   |            |                         |
| 111      | Estimate of the revenue which would be lost to the co<br>for were granted and the property for which the exen | ounty     | or municipa     | Illy during the currer                          | nt fiscal y | ear if the ex                           | kemption app                    | olled \$                  | 181        | 19.36                   |
| IV       | Estimate of the taxable value tost to the county or mu                                                        | nich      | ally if the ex  | emplion applied for                             | Mad Utot    | alod                                    | taxanon                         |                           | x lu (     | y 1020                  |
|          |                                                                                                               | 48        |                 | Personal prope                                  |             | 6 7                                     | 2110                            |                           |            |                         |
| ٧        | I have determined that the property listed above mee                                                          | ls lhe    | definition, a   |                                                 |             | 2(15) or (16                            | i), Florida St                  | alules, as i              | a          |                         |
|          | new business expansion of er                                                                                  |           |                 |                                                 |             |                                         |                                 | -,                        |            |                         |
| VI       | Last year for which exemption may be applied                                                                  | П         |                 |                                                 | 0           |                                         | ,0                              | 10                        | V .        | •                       |
| Α.       | pplication to be filed not later than March 1                                                                 | 1         | 3-21-6          | 13 /                                            | Y           | XUL                                     | 1/1/5                           | VIII                      | tx         |                         |
|          | 1 1                                                                                                           |           | Date            | A                                               | _ /         | Signatur                                | e, Property A                   | ppraiser                  | 1          |                         |

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### **NOTICE OF PUBLIC HEARING**

NOTICE IS HEREBY GIVEN that the Board of County Commissioners of Brevard County, Florida, on September 12, 2023, at 9:00 a.m., in the Commission Room at 2725 Judge Fran Jamieson Way, Building C, First Floor, Viera, Florida, 32940, will hold a public hearing on the following ordinance:

| ORDINANCE N | ). 2023- |
|-------------|----------|
|-------------|----------|

AN ORDINANCE REPEALING ORDINANCE 2018-17 AND SECTION 102-240 OF THE BREVARD COUNTY CODE OF ORDINANCES, GRANTED TO MIDWEST DENTAL ARTS, INC. (PROJECT RAINBOW) FOR CERTAIN AD VALOREM TAX EXEMPTIONS FOR FAILURE TO MEET THE CRITERIA FOR SUCH EXEMPTIONS; AND PROVIDING AN EFFECTIVE DATE.

Interested parties may appear at the September 12, 2023, meeting and be heard with respect to the proposed ordinance. A copy of the draft ordinance may be inspected at the following locations:

- Office of Clerk to the Board of County Commissioners, Titusville, Florida
- Titusville Public Library, Titusville, Florida
- Catherine Schweinsberg Rood Central Library, Cocoa, Florida
- Melbourne Public Library, Melbourne, Florida
- South Mainland/Micco Public Library, Micco, Florida

A copy of the draft ordinance may also be viewed online at <a href="https://brevardfl.gov/docs/default-source/county-attorney-documents/midwest-dental-arts-inc-ordinance-for-website.docx">https://brevardfl.gov/docs/default-source/county-attorney-documents/midwest-dental-arts-inc-ordinance-for-website.docx</a>.

Pursuant to Section 286.0105 Florida Statutes, if a person decides to appeal any decision made by the board, agency, or commission with respect to any matter considered at such meeting or herein, he or she will need a record of the proceeding, and that, for such purpose, he or she will need to ensure that a verbatim record of the proceedings is made, at his or her own expense, which record includes the testimony and evidence upon which any such appeal is to be based. Such person may provide a court reporter, stenographer, or a tape recorder for such verbatim record. In accordance with the Americans Disabilities Act, persons needing a special accommodation or an interpreter to participate in the proceedings, please notify the department sponsoring the meeting/hearing, or the County Manager's Office, (321) 633-2001, at least 48 hours in advance. TDD:1-800-955-8771. Assisted Listening System receivers are available for the hearing impaired, and can be obtained from the Sound Technician at the meeting. This meeting will be broadcast live on Space Coast Government Television (SCGTV) on Brighthouse Networks channel 499, Comcast Cable Communications channel 51 in North Brevard and channel 13 in South Brevard, and AT&T U-verse channel 99. SCGTV will also replay this meeting during the coming month. Check the SCGTV website for daily program updates.

### ORDINANCE NO. 2018- 17

AN ORDINANCE GRANTING AN ECONOMIC DEVELOPMENT AD VALOREM EXEMPTION TO PROJECT RAINBOW. SPECIFYING THE ITEMS EXEMPTED; PROVIDING THE EXPIRATION DATE OF THE EXEMPTION; FINDING THAT THE BUSINESS MEETS THE REQUIREMENTS OF CHAPTER 196.1995(16) F.S.; PROVIDING FOR PROOF OF ELIGIBILITY FOR EXEMPTION; PROJECT RAINBOW; PROVIDING AN EFFECTIVE DATE.

WHEREAS, economic development and the creation of jobs are a priority of the Brevard County Board of County Commissioners; and

WHEREAS, the Brevard County citizens voted to provide economic incentives to new and expanding businesses in the November 2014 general election; and

WHEREAS, Project Rainbow, has requested that the Board of County Commissioners exempt ad valorem taxes for real property used in its new business or expansion of an existing business as well as tangible personal property at Legal Description of property: Parcel ID #29-37-09-MY-3042-6; Plat Book/Page: 0030/0060 Port Malabar Unit 56 Lot 6 Blk 3042
Tax Code- 34U0

WHEREAS, the Economic Development Commission of Florida's Space Coast has recommended approval of the exemption for Project Rainbow, and

WHEREAS, the Property Appraiser has provided the Board of County Commissioners with its report as required by Chapter 196.1995(16) F.S.; and

WHEREAS, it has been determined that Project Rainbow, meets the requirements of Chapter 196.012(14) or (15) F.S., for new business or an expansion of an existing business in Brevard County; and

NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF COUNTY COMMISSIONERS OF BREVARD COUNTY, FLORIDA as follows:

Section 1. Chapter 102 entitled "Taxation"; Article IV entitled "Ad Valorem Property Taxation", of the Code of Ordinances of Brevard County, Florida shall be amended to include a new section 102-2\_ as follows:

- (a) An Economic Development Ad Valorem Tax Exemption is hereby granted to Project Rainbow (hereafter referred to as "the Company"), for:
  - 1. 80 percent a) of the assessed value of all improvements to real property made by or for the use of a new business as determined by the Property Appraiser for the first year after substantial completion of those improvements; and b) of the assessed value of all tangible personal property of such new business in place during that first year, or
- 2. 80 percent a) of the assessed value of all added improvements to real property made to facilitate the expansion of an existing business in the first year of assessment after substantial completion of those improvements and b) of the Officially filed with the Secretary of State on July 25, 2018.

assessed value of the net increase in all tangible personal property acquired to facilitate such expansion of an existing business during that first year.

- (b) The total amount of revenue available to the County from ad valorem tax sources for the current fiscal year is \$ 218,681,157.58; \$ 731,175.18 is lost to the County for the current fiscal year by virtue of exemptions currently in effect from previous years.
- (c) The tax exemption hereby granted shall be for a term of eight (8) years commencing with the first year the new or expanded facility and tangible personal property are added to the assessment roll,
- (d) In accordance with the findings of the Board of County Commissioners and the Property Appraiser, the property hereby exempted from ad valorem tax exemption meets the definition of either a new business or expansion of an existing business, as defined by Chapter 196.0125(14) or (15), Florida Statutes.
- (e) The Company shall submit to the County Manager at the beginning of each year an annual report providing evidence of continued compliance with the definition of an expansion of an existing business for each of the eight (8) years during which the Company is eligible to receive ad valorem tax exemption. If the annual report is not received, or if the annual report indicates the Company, no longer meets the criteria of section 196.012(14) or (15), Florida Statutes, the County Manager shall make a report to the Board of County Commissioners for consideration of revocation of this Ordinance granting the tax exemption.
- (f) If the County Manager or designee receives written notice that the company qualifying for an ad valorem tax abatement under the authority of this ordinance has decided not to undertake or complete the new business or expansion of an existing business, including improvements to real property or acquisition of taxable tangible personal property, or has not timely provided the number of jobs qualifying the new business or expansion of an existing business for the ad valorem tax exemption granted under this section, the exemption granted shall be void, shall not take effect and shall not be implemented. If such a notice is received, the foregoing provision shall be self-executing and no further action of the Board of County Commissioners will be required to void the granted exemption. Upon the County's receipt of any such notice, the county manager or designee shall forward the notice to the Property Appraiser along with a copy of this subsection of the ordinance.
- (g) If, upon discovery of the Company's failure to qualify for the ad valorem tax exemption granted by this ordinance, the Board of County Commissioners may revoke this Ordinance, and the company shall reimburse those County ad valorem taxes abated in favor of the Company for that period of time that it was determined that the Company no longer met the criteria of section 196.012 (14) or (15), F.S., which ever was applicable to the exemption granted by this ordinance.

<u>Section 2</u>. <u>Severability</u> - If any provision of this Ordinance is held to be illegal or invalid, the other provisions shall remain in full force and effect.

Section 3. Effective Date - This Ordinance shall become effective immediately upon filing as provided by law. A certified copy of the Ordinance shall be filed with the Office of the Secretary of State, State of Florida within ten days of enactment.

DONE, ORDERED AND ADOPTED in Regular Session this 24th day of July, 2018

ATTEST:

Scott Ellis, Clerk

BOARD OF COUNTY COMMISSIONERS OF BREVARD COUNTY, FLORIDA

Rita Pritchett, Chair

As approved by the Board on 7/24/18

### SUPPLEMENTAL APPLICATION

# BREVARD COUNTY ECONOMIC DEVELOPMENT AD VALOREM TAX EXEMPTION PROGRAM

| Val                      | TICE: This supplement is to be used by the applicant to provide additional information required by Economic Developm<br>orem Tax Abatement Ordinance, Chapter 102, Division 3, Sections 181-191, Brevard County Code; and to provide<br>ormation requested by the Board of County Commissioners and the entitles who will review the application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ent Ad<br>other   |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Any<br>nev<br>bus<br>Dev | business seeking an exemption shall file an application with the County before the business has made the decision to it business in the County or before the business has made the decision to expand an existing business in the County Iness decisions, such as announcements, leasing of space or hiring of employees, made prior to final County Ecelopment Tax Abatement approval (and not made contingent upon County approval) may constitute grounds for disaplects, which clearly do not require inducement, will not be approved.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ity. Any          |
| 1.                       | Length of exemption requested is lotal of 10 years (length of exemption approved is sole discretion of County Commission a commences on the adoption date of the ordinance granting the exemption).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ınd               |
| 2.                       | Proposed Property Address (legal description & street address):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
|                          | Parcel ID #29-37-09-MY-3042-6 Legal Description: Plat Book/Page: 0030/0060 Port Malabar Unit 56 Lot 6 Blk 3042                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |
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| 3.                       | Property Owner Name: Mrigiobal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |
|                          | Address: 425 Volker Blvd. Kansas City MO 64110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |
|                          | Telephone No. ()FAX No. ()                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |
| 4.:                      | Authorized Agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |
|                          | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |
|                          | Telephone Number: () Fax No. ()                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
| <b>5.</b>                | Type of Industry or business: Design and Manufacturing Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |
| •                        | NAICS Code(s) <u>541990</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
| •                        | Brief description of product and expansion plans (The applicant is to provide an executive summary of its business plan):  Project Rainbow is a leading manufacturer of products used in medical settings. The company provides design and manufacturing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ina serv          |
| 7.                       | Brief description of product and expansion plans (The applicant is to provide an executive summary of its business plan):  Project Rainbow is a leading manufacturer of products used in medical settings. The company provides design and manufacturing both inside and outside the state of Florida.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ing serv          |
| cipate                   | Project Rainbow is a leading manufacturer of products used in medical settings. The company provides design and manufacturi both inside and outside the state of Florida.  and number of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |
| cipate                   | Project Rainbow is a leading manufacturer of products used in medical settings. The company provides design and manufacturi both inside and outside the state of Florida.  and number of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of the project. Number of new full-time equivalent Brevard County jobs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |
|                          | Project Rainbow is a leading manufacturer of products used in medical settings. The company provides design and manufacturis both inside and outside the state of Florida.  and number of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of the project. Number of net new full-time equivalent Brevard County jobs Year created in the business unit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |
| elpate                   | Project Rainbow is a leading manufacturer of products used in medical settings. The company provides design and manufacturis both inside and outside the state of Florida.  and number of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be pa  Project Number of net new full-time equivalent Brevard County jobs Year created in the business unit  I 10  II 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |
| lpate                    | Project Rainbow is a leading manufacturer of products used in medical settings. The company provides design and manufacturis both inside and outside the state of Florida.  and number of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of the publicant in the pusiness unit in |                   |
| lpate                    | Project Rainbow is a leading manufacturer of products used in medical settings. The company provides design and manufacturi both inside and outside the state of Florida.  But number of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of new employees. Number of net new full-time equivalent Brevard County jobs Year created in the business unit    I   I0   III   III  |                   |
| ilpateion):              | Project Rainbow is a leading manufacturer of products used in medical settings. The company provides design and manufacture both inside and outside the state of Florida.  Set number of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of new employees. Number of net new full-time equivalent Brevard County jobs Year created in the business unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |
| ilpateion):              | Project Rainbow is a leading manufacturer of products used in medical settings. The company provides design and manufacturi both inside and outside the state of Florida.  But number of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of new employees (The applicant is to provide a breakdown of jobs to be created by category and planned salary to be path of new employees (The applicant is |                   |
| cipate                   | Project Rainbow is a leading manufacturer of products used in medical settings. The company provides design and manufacture both inside and outside the state of Florida.  Project Number of net new full-time equivalent Brevard County jobs Year created in the business unit    1   10   11   10   11   10   11   10   11   10   11   10   11   10   11   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10 |                   |
| ilpate<br>ion):          | Project Rainbow is a leading manufacturer of products used in medical settlings. The company provides design and manufacture both inside and outside the state of Florida.  Project Number of net new full-time equivalent Brevard County jobs created in the business unit    I   I0   III    |                   |
| ipateion):               | Project Rainbow is a leading manufacturer of products used in medical settings. The company provides design and manufacture both inside and outside the state of Florida.  Project Number of net new full-time equivalent Brevard County jobs Year created in the business unit    1   10   11   10   11   10   11   10   11   10   11   10   11   10   11   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10   10 |                   |
| ipate<br>on):            | Project Rainbow is a leading manufacturer of products used in medical settlings. The company provides design and manufacture both inside and outside the state of Florida.  Project Number of net new full-time equivalent Brevard County jobs Year created in the business unit    1   10     11   10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10     10   | aid by            |
| ilpateion):              | Project Rainbow is a leading manufacturer of products used in medical settlings. The company provides design and manufacture both inside and outside the state of Florida.  Project Number of net new full-time equivalent Brevard County jobs  Project Year Created in the business unit  I io  III io  Total io  As of the date of this application, what is your total current Brevard County Employment?  Expected number of new employees who will reside in Brevard County Employment?  Expected number of new employees who have resided in the County for more than two years: 50%  Anticipated average wage of employees (excluding employee benefits, but including overtime): \$46,000  Estimated new construction value: \$3,000,000  Estimated new personal property value: \$2,100,000  Environmental impact of business. (Identify the number and type of environmental permits required as a result of this project: exit provide a brief nears the extension of terrors.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | g. air,<br>of the |

- 15. Would the relocation or expansion occur without the exemption: Yes [] No [X]
- 16. Estimated source of supplies (local or otherwise):

Estimated % source of supplies County: 0%
Estimated % source of supplies Florida: 20%
Estimated % source of supplies out-of-state: 80%

| 17.                                     | Business is/will be located in a community redevelopment area: Yes ( ] No [X]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                         | Name of area:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 18.                                     | Do you desire exemption as a "Relocation" [ ], "Expansion of New Business Function" []                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SIGNA                                   | ATURES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| and co<br>matter:<br>County             | oy confirm the information provided by <u>Project Rainbow</u> to the Economic Development Commission of Florida's Space Coast and the of County Commissioners for the purpose of calculating the economic impact and benefit of the proposed tax abatement is true, accurate implete. I further confirm that <u>Project Rainbow</u> is not in violation of any federal, state or local law, or regulation governing environmentals. I hereby acknowledge and agree upon approval of the Economic Development Ad Valorem Tax Abatement Ordinance by the Brevard Board of County Commissioners that <u>Project Rainbow</u> will provide the CareerSource Brevard its job openings to be posted on imployflorida.com and agrees to consider for employment candidates referred by Brevard Workforce. |
| DATE                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                         | SIGNED: (Preparer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SIGNE                                   | D: 2405 Fine goole the #108 Melbournet 393                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| TITLE:                                  | (Applicant) 321- 663-35 (Preparer's Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                         | (Preparer's Telephone Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| EDC Ed                                  | conomic Impact Analysis:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| EDC's F                                 | Recommendation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| applican<br>County<br>Departm<br>recomm | conomic Development Commission of Florida's Space Coast hereby certifies that it has proof, to the satisfaction of the EDC, that the it meets the criteria of a new business or for an expansion of an existing business as defined in Section 184, Chapter 102, Brevard Code. Furthermore, the EDC has conducted an economic impact analysis, applying acceptable multipliers as defined by the State sent of Commerce, which concludes that the applicant does hereby meet the economic benefit test; and, therefore, the EDC ends to the Brevard County Commission that the applicant receive an ad valorem tax exemption for percent of its eligible of for a period of years.  SIGNED:  (EDC President)                                                                                      |
| County I                                | COUNTY USE ONLY  Manager's Recommendation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| IATE:                                   | SIGNED:(County Manager)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                         | (Control watered)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

# BREVARD COUNTY ECONOMIC DEVELOPMENT AD VALOREM TAX EXEMPTION Chapter 196, Florida Statutes

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

| 1.     | Busi            | ness name          | e: Project Reinbow                                                                     |                           |                                    |                                        |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|--------|-----------------|--------------------|----------------------------------------------------------------------------------------|---------------------------|------------------------------------|----------------------------------------|-----------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
|        | Maili           | ng addres:         | 3'                                                                                     |                           |                                    |                                        |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
| 2.     | Nam             | e of persor        | n in charge of business:                                                               |                           |                                    |                                        |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|        | Tele            | phone Na.:         |                                                                                        |                           | FA                                 | X No.: (                               | 1                     |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
| 3.     | Loca            | tlon of bus<br>Par | iness (legal description and street<br>cel IO #29-37-09-MY-3042-6 Legal Description; I | address)<br>Plat Book/Paj | of property fa<br>ge: 0030/0080 Pa | or which this re<br>ni Malabar Unii 56 | eport is<br>Lot 6 B#x | s filed:<br>: 3042              | and the second s |                       |
| 4.     | ——<br>Date      | business o         | ppened at this facility: TBD                                                           |                           |                                    |                                        |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
| 5.     | a.<br>\$3,000,0 |                    | ription of the improvements to real pr<br>construction                                 | operty for                | which this ex                      | cemption is rec                        | queste                | ď:                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|        | b.              | Date               | of commencement of construction of                                                     | improven                  | nents:T                            | BD Estimated                           | 2nd Qu                | uarter 201                      | 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |
| 6.     | a.              | Descr              | iplion of the langible personal prope                                                  | rty for whic              | ch this exem <sub>l</sub>          | ption is reques                        | ted an                | d date wi                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | purchased:            |
|        |                 |                    | lass or Item                                                                           | Age                       | Date of<br>Purchase                | Original<br>Cost                       | Est                   | cpayer's<br>Imate of<br>adition | Taxpayer's<br>Estimate of<br>Fair Market<br>Value                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | APPRAISER<br>USE ONLY |
| visc M | anufacturi      | ng Equipm          | ent TBD anticipated \$2,100,000                                                        |                           |                                    |                                        |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.890,000             |
|        |                 |                    |                                                                                        |                           | W                                  |                                        |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1,,                   |
|        |                 |                    |                                                                                        |                           |                                    |                                        |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|        |                 |                    |                                                                                        |                           |                                    |                                        |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|        |                 |                    |                                                                                        |                           |                                    |                                        |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|        |                 |                    |                                                                                        |                           |                                    |                                        |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|        |                 |                    | *                                                                                      |                           |                                    |                                        |                       | _                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|        |                 |                    | 100000                                                                                 | +                         |                                    |                                        |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|        |                 |                    |                                                                                        | 1                         |                                    | -11-15-1-11-1                          | H                     |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
| _      |                 |                    |                                                                                        | +                         |                                    |                                        | -                     |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                     |
|        |                 |                    |                                                                                        | 11                        |                                    |                                        |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|        | b.              | Averag             | e value of inventory on hand: \$500.                                                   | 000                       |                                    |                                        |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|        | C.              | 4000 1 41          | ditional personal property not listed a<br>ple Personal Property Tax Return) ar        |                           |                                    |                                        | ned mi                | ust be ret                      | urned on form D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | R-405                 |
| 7.     | Οο γοι          | desire ex          | emption as a "New Business" [] or a                                                    | s an "Expr                | ansion of an i                     | Existing Busine                        | ess" [ ]              | X)                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
| 3,     | Descri          | be the type        | or nature of your business: Design a                                                   | and manu                  | facturing sen                      | vices                                  | 112-0111              |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
| Э.     | Trade           | evel (chec         | k as many as apply):                                                                   |                           |                                    |                                        |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|        | Whole           | sale [ ] Ma        | nulacturing [X] Professional [] Servi                                                  | ice [X ] Of               | fice [ ] Other                     | E1                                     |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
| 10.    | a.              | Numbe              | r of full time employees employed in                                                   | Florida:3                 | 5                                  |                                        | _                     |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|        | b.              | If an ex           | panalon of an existing business:                                                       |                           |                                    |                                        |                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |
|        |                 | (1)<br>(2)         | Net increase in employment 30 Increase in productive output resu                       | Ilting from               | this expansion                     | or 10                                  | 00                    |                                 | %<br>%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |

| 11.              | Sales factor for the facil                                      | ility requesting exemption:                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |
|------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|                  | Total sales in Florida fro<br>Total sales everywhere            | from this facility - one (1) location only \$1,200,000 divided by a from this facility - one (1) location only \$3,000,000 = 40%                                                                                                                                                                                                                                                                                                                                                               |        |
| 12.              | For office space owned                                          | and used by a corporation newly domiciled in Florida: Not yet incorporated                                                                                                                                                                                                                                                                                                                                                                                                                     |        |
|                  |                                                                 | poration in Florida: <u>N/A</u><br>ill-time employees at this location <u>28</u>                                                                                                                                                                                                                                                                                                                                                                                                               |        |
| 13.<br>Count     | If requesting an exempti<br>Commission, City Comm               | tion due to location in a slum or blighted area, please furnish such additional information as required by the<br>mission, or Property Appraiser.                                                                                                                                                                                                                                                                                                                                              | 9      |
| author<br>inform | ity of the municipality, or the<br>ation and valuation stated a | f an ordinance granting an exemption from ad valorem taxation on the above property pursuant to Se<br>gree to furnish such other reasonable information as the Board of County Commissioners, the gove<br>the Property Appraiser may request in regard to the exemption requested herein. I hereby certify the<br>above by me is true, correct, and complete to the best of my knowledge and belief. (If prepared by som<br>ration is based on all information of which he has any knowledge.) | erning |
| DATE:            |                                                                 | Signed: (Preparer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _      |
| SIGNE            | D;                                                              | 212 - 2 1 2 1 2 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | acH    |
|                  | (Taxpaye                                                        | (Preparer's Address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Myster |
| TITLE:           |                                                                 | 321-663-35-46                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |
|                  |                                                                 | (Preparér's Téléphone Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |
|                  |                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |
|                  |                                                                 | PROPERTY APPRAISER'S USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |
| l.               | Total revenue avallable to                                      | to the County or municipality for the current fiscal year from ad valorem tax sources:                                                                                                                                                                                                                                                                                                                                                                                                         |        |
| li,              |                                                                 | nty or municipality for the current fiscal year by virtue of exemptions previously granted under this section:                                                                                                                                                                                                                                                                                                                                                                                 |        |
| III.<br>the      | Estimate of the revenue we property for which the exe           | which will be lost to the County during the current liscal year if the exemption applied for were granted had<br>temption is requested otherwise been subject to taxation: 23,120.41                                                                                                                                                                                                                                                                                                           |        |
| IV.              |                                                                 | palue lost to the County or municipality if the exemption applied for were granted:                                                                                                                                                                                                                                                                                                                                                                                                            |        |
| <b>V</b> .       | I have determined that the                                      | ie property listed above meets the definition, as defined by Section 196.012(15) or (16), Florida Statutes, a<br>xpansion of an Existing Business (X, or Neither [ ].                                                                                                                                                                                                                                                                                                                          | ıs     |
| VI.              | Last year for which exemp                                       | pollon may be applied: Dependent upon the number of years grante                                                                                                                                                                                                                                                                                                                                                                                                                               | d by   |
| DATE:_           | 7-16-18                                                         | signed:signed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _      |
|                  |                                                                 | RETURN TO BE FILED NOT LATER THAN MARCH 1                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |
|                  |                                                                 | NETURA TO BE FILED NOT LATER THAN MAKCH T                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |



County Manager's Office 2725 Judge Fran Jamieson Way Building C, Room 301 Viera, Florida 32940

August 23, 2023

Via Certified Letter # 7020 1810 0001 3178 8692

Jamey Schropp, President Midwest Dental Arts, Inc. 1291 Highway 965 Swisher, IA 52338

Re: Brevard County's Ad Valorem Tax Exemption Program Ordinance No. 2018-17

Dear Mr. Schropp,

The Board of County Commissioners on July 24, 2018, granted Midwest Dental Arts, Inc. a/k/a Project Rainbow an ad valorem tax exemption for a period of 8 years and 80 percent on real and tangible property added to the County's assessment roll at 1490 Treeland Boulevard SE, Palm Bay, Florida.

Based on the information provided in Midwest Dental Arts, Inc. 2022 Annual Report, the Company no longer qualifies for the County's Ad Valorem Tax Exemption program. The original application for the ad valorem exemption stated that the Company planned to create 30 new jobs (in addition to maintaining the 28 employees that were working within Brevard County at the time of adoption) with an average wage of \$46,000 and invest \$5.1 million in improvements to real property and additional tangible personal property added to the assessment rolls.

In follow-up to correspondence from the County on July 27, 2023, this is to notify you that the Board of County Commissioners will hold a Public Hearing on Tuesday, September 12, 2023, at 9:00 a.m. to consider rescinding the County's Ad Valorem Tax Exemption granted to Midwest Dental Arts, Inc. The Public Hearing will be held in the Commission Room located at 2725 Judge Fran Jamieson Way, Building C, First Floor, Viera, Florida, 32940.

Although your presence at this Public Hearing is not required, I wanted to ensure that you were aware of this agenda item.

Sincerely,

Frank Abbate
County Manager

Brevard County, Florida

cc: Karen Schropp, Registered Agent

Midwest Dental Arts, Inc. 1291 Hwy 965 Swisher, Iowa 52338

County Manager's Office 2725 Judge Fran Jamieson Way Viera, Florida 32940

August 4th, 2023

To Whom It May Concern:

After receiving your letter about possibly revoking our Ad Valorem Tax Exemption, we as a company reviewed our employees and new hires for the year 2022. Our records show we hired a total of 27 Full-Time Employees in the year 2022. Unfortunately, after the pandemic finding employees & employee retention has become a major struggle for our business. We have kept and maintained 10 of those new hires. Our employee count is not down due to not having work or letting people go, rather employees are resigning from their positions. We would like you to reconsider recommending the board revoke our exemption knowing we are doing everything we can to get new employees on board. If you have any additional questions, please do not hesitate to reach out.

Regards

emey Schropp, President of Midwest Dental Arts, Inc.

**RECEIVED** 

AUG - 9 2023

County Manager's Office



**BOARD OF COUNTY COMMISSIONERS** 

County Manager's Office 2725 Judge Fran Jamieson Way Building C, Room 301 Viera, Florida 32940

July 27, 2023

Via Certified Letter # 7020 1810 0001 3178 8678

Jamey Schropp, President Midwest Dental Arts, Inc. 1291 Highway 965 Swisher, IA 52338

Re: Brevard County's Ad Valorem Tax Exemption Program Ordinance No. 2018-17

Dear Mr. Schropp,

The Board of County Commissioners on July 24, 2018, granted Midwest Dental Arts, Inc. a/k/a Project Rainbow an ad valorem tax exemption for a period of 8 years and 80 percent on real and tangible property added to the County's assessment roll at 1490 Treeland Boulevard SE, Palm Bay, Florida. Companies that participate in the County's Ad Valorem Tax Exemption Program maintain their eligibility as set forth in Ordinance 2018-17. The County reviews the eligibility of each company on an annual basis. A company's annual report along with employment verification information such as Employer's Quarterly Federal Tax Return (Form 941) is reviewed as well as information from the records of the Brevard County Property Appraiser's Office.

Based on the information provided in Midwest Dental Arts, Inc. 2022 Annual Report, the Company no longer qualifies for the County's Ad Valorem Tax Exemption program. The original application for the ad valorem exemption stated that the Company planned to create 30 new jobs (in addition to maintaining the 28 employees that were working within Brevard County at the time of adoption) with an average wage of \$46,000 and invest \$5.1 million in improvements to real property and additional tangible personal property added to the assessment rolls. However, as reported on the 2022 Annual Report, the Company reported 4 new jobs. Therefore, County staff is considering recommending the Brevard County Board of County Commissioners revoke the County's Ad Valorem Tax Exemption granted to Midwest Dental Arts, Inc. at the Board's meeting on Tuesday, September 12, 2023, at 9:00 a.m. If you have compelling reasons for the County to reconsider the revocation, please provide this information by Friday, August 11, 2023. You may address your correspondence to the following address: 2725 Judge Fran Jamieson Way, Building C, Room 301, Viera, Florida 32940 or you may call Karen Conde at 321-633-2001 if you need additional information.

Sincerely,

Frank Abbate
County Manager

Brevard County, Florida

cc: Karen Schropp, Registered Agent

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# PROJECT ANNOUNCEMENTS

EDC of Florida's Space Coast – October 2010 to August 2023

| Projects                         | Fiscal Year<br>(OctSep.) | City              | Total New Jobs* | Retained<br>Jobs | Announced<br>Capital<br>Investment** | Estimated Economic Impact*** |
|----------------------------------|--------------------------|-------------------|-----------------|------------------|--------------------------------------|------------------------------|
| OneWeb Satellites                | 15/16                    | Merritt Island    | 250             |                  | \$85 00M                             | \$26 138A                    |
| Thales                           | 15/16                    | Melbourne         | 327             |                  | \$31.22kd                            | #50.15IVI                    |
| Lockheed Martin                  | 15/16                    | Titusville        | 300             |                  | \$31.221VI                           | \$32.01M                     |
| Cross-Brands Manufacturing       | 15/16                    | Cocoa             | 02              |                  | 200.00tvl                            | \$03.00lvl                   |
| RUAG Space USA Inc.              | 16/17                    | Titusville        | O. C.           | ,                | \$2.10M                              | M10.124                      |
| Comprehensive Health<br>Services | 16/17                    | Cape              | 150             |                  | \$2.40M                              | \$17.99M                     |
| Walmart                          | 16/17                    | Cocoa             | 460             | ,                | \$148 00M                            | 43C A264                     |
| Red Canyon, Inc.                 | 16/17                    | Titusville        | 8               |                  | # 140.00IVI                          | #35.47 IVI                   |
| ERC                              | 16/17                    | Melboume          | 350             | 2                | \$3.90M                              | DAID                         |
| Protac Industries                | 16/17                    | Rockledge         | 15              | ,                | ANG                                  | AND ONE                      |
| Astro Pak                        | 16/17                    | Titusville        | 17              | 12               | \$4 60M                              | C) 3and                      |
| MG Foods                         | 17/18                    | Melbourne         | 95              | 0                | \$2.30M                              | \$9.23M                      |
| Project Rainbow                  | 17/18                    | Palm Bay          | 30              | 28               | \$5 10M                              | MC2.23                       |
| Boeing                           | 18/19                    | Titusville        | 40              | 3                | NO. CO                               | INIO7.C¢                     |
| BK Technologies, Inc.            | 18/19                    | West<br>Melbourne | 35              |                  | \$3M                                 | \$6.4M                       |
| Roswell U.S. LLC                 | 20/21                    | Rockledge         | 21              | х                | \$1M                                 | \$2 4M                       |
| Space Perspective                | 21/22                    | Titusville        | 240             |                  | \$38M                                |                              |
| USSI Global                      | 21/22                    | West<br>Melbourne | 21              | •                | \$1.5M                               | \$2.52M                      |
| Dassault Falcon Jet Corp.        | 22/23                    | Melbourne         | 400             | ŭ.               | \$115M                               | \$48 94M                     |
| Rogue Valley Microdevices, Inc.  | 22/23                    | Palm Bay          | 30              |                  | \$25M                                | \$4 72M                      |
| Amazon                           | 22/23                    | Cape<br>Canaveral | 50              |                  | \$120M                               | 1                            |
| TOTAL = 59.                      |                          |                   | 0896            | 7337             | \$1 010kg                            | Ca dross                     |

DINK. Do Not Ketease (at company) s requessy, a superior system of the companies of reporting companies; \*\*\* Estimate calculated using IMPLAN modeling based on data provided by company. Do Not Release (at company's request): \*Projections reported by company over the 3-year timeframe from commencement to aperations;