

The School District of Palm Beach County, Florida

Project: SUMMIT/JOG AREA ELEMENTARY, 03-Y Project No.: 0051-8338
Corporation Name: JAMES B. PIRTLE CONSTRUCTION CO., INC. Tax FEIN Number: 59-1211364

BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT

STATE OF FLORIDA COUNTY OF BROWARD

Before me, the undersigned authority, personally appeared, Michael Geary, ("Corporate Representative") 12th day of July, 2007, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children, firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

Table with 3 columns: Name, Address, Percentage. Row 1: James B. Pirtle, Rev. Trust, 78.43882.

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

Table with 3 columns: Name, Address, Percentage. Row 1: James B. Pirtle, Rev. Trust, 100.00.

C. Stock held for others and for whom held:

Table with 3 columns: Name, Address, Percentage. Rows include James B. Pirtle, Irrev. Trust, f/b/o Laura Geary, James B. Pirtle, Irrev. Trust, f/b/o Daryl Portela, James B. Pirtle, Irrev. Trust, f/b/o James B. Pirtle, Jr.

CORPORATE REPRESENTATIVE

By: Michael S Geary, Executive Vice President

SWORN TO and subscribed before me this 16 day of JULY, 2007, by MICHAEL S. GEARY. Such person(s). (Notary Public must check applicable box):

[X] is/are personally known to me. [ ] produced a current driver license(s). [ ] produced \_\_\_\_\_ as identification.

(NOTARY PUBLIC SEAL)



Signature of Barbara D. Scoia, Notary Public. BARBARA D. SCOLIA (Print, Type or Stamp Name of Notary Public)