



COLUMBIA COUNTY BUILDING DEPARTMENT

135 NE Hernando Ave., Suite B-21, Lake City, FL 32055

Office: 386-758-1008 Fax: 386-758-2160

www.columbiacountyfla.com/BuildingandZoning.asp

Florida Certified Contractors \$15.00 Application Fee –

Credit card payments by phone or mail with this form and make Checks to "BCC" or Board of County Commissioners.

With a valid Certified Contractors license the process for putting your license on file is simple. If your license is a Florida Register Contractors License, do not use this form.

We need to have these current (Not Expired) records listed below...

- ☐ 1. State License copy
- ☐ 2. Business phone number and cell number for the license holder
- ☐ 3. Certificate of Liability Insurance
- ☐ 4. Certificate of Workers Compensation Insurance; **OR**
- ☐ 5. Workers Compensation Exemption Card copy
 - ☐ a. If you provide a Work Comp Exemption card, **THEN WE ALSO NEED** a "Detail by Entity Name" printout from the Florida Department of State Division of Corporation (website: www.sunbiz.org).
- ☐ 6. 15.00 Application fee - Credit card payments by phone has an added 3% fee.

NOTE: If you are Exempt but you have a policy for your employees, then provide a Workers Compensation Certificate for them.

INSURANCE CERTIFICATE NOTE: The Certificate Holder for all certificates (COI's) shall be made out to: Columbia County Building Department
135 NE Hernando Ave
Lake City, FL 32055

You may send these records together by...

Mail: 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055

Fax: 386-758-2160

Email: bldginfo@columbiacountyfla.com

USE THE ABOVE CHECKLIST AND COMPLETE THE INFORMATION BELOW.

Contractors Name: Jesse D. White

Business Name: Quality pools Construction Contracting Inc.

Office Ph: 386-364-1803 Cell: 386-867-5632

Email: Jesse.qualitypools@gmail.com

Office Address: P.O. Box 128 Live oak FL 32064

Contact Person: Ashley Cannon Ph: 386-688-1486

Contact Person Email: Ashley.qualitypools@gmail.com

Contact person needs to be who can provide payment



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE COMMERCIAL POOL/SPA CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

WHITE, JESSE DAVID

QUALITY POOLS CONSTRUCTION CONTRACTING INC
16981 90TH TERRACE
LIVE OAK FL 32060

LICENSE NUMBER: CPC1457313

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 1/9/2022

EXPIRATION DATE: 1/9/2024

PERSON: JESSE D WHITE

EMAIL: JESSE.QUALITYPOOLS@GMAIL.COM

FEIN: 592742734

BUSINESS NAME AND ADDRESS:

QUALITY POOLS CONSTRUCTION CONTRACTING, INC.

P.O. BOX 128

LIVE OAK, FL 32064

SCOPE OF BUSINESS OR TRADE:

Plumbing NOC and Drivers Concrete Construction NOC Swimming Pool Construction-
Not Iron or Steel -& Drivers Excavation and Drivers NOC

IMPORTANT: Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to subsection 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.



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

Detail by Entity Name

Florida Profit Corporation

QUALITY POOLS CONSTRUCTION CONTRACTING, INC.

Filing Information

Document Number	J50213
FEI/EIN Number	59-2742734
Date Filed	12/29/1986
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	08/15/2013

Principal Address

16981 90th Terr
LIVE OAK, FL 32060

Changed: 01/18/2023

Mailing Address

P.O. BOX 128
LIVE OAK, FL 32064

Registered Agent Name & Address

WHITE, TIM N
16981 90th Terr
LIVE OAK, FL 32060

Address Changed: 01/18/2023

Officer/Director Detail

Name & Address

Title P/O

WHITE, TIM N
P.O. BOX 128
LIVE OAK, FL 32064

Title Secretary

Cannon, Ashley Renee
P.O. BOX 128
LIVE OAK, FL 32064

Title VP

Jesse , White David
P.O. BOX 128
LIVE OAK, FL 32064

Annual Reports

Report Year	Filed Date
2021	01/11/2021
2022	02/22/2022
2023	01/18/2023

Document Images

01/18/2023 -- ANNUAL REPORT	View image in PDF format
02/22/2022 -- ANNUAL REPORT	View image in PDF format
01/11/2021 -- ANNUAL REPORT	View image in PDF format
01/07/2020 -- ANNUAL REPORT	View image in PDF format
02/14/2019 -- ANNUAL REPORT	View image in PDF format
02/05/2018 -- ANNUAL REPORT	View image in PDF format
02/10/2017 -- ANNUAL REPORT	View image in PDF format
01/29/2016 -- ANNUAL REPORT	View image in PDF format
02/27/2015 -- ANNUAL REPORT	View image in PDF format
02/26/2014 -- ANNUAL REPORT	View image in PDF format
08/15/2013 -- REINSTATEMENT	View image in PDF format
01/27/2011 -- ANNUAL REPORT	View image in PDF format
01/05/2010 -- ANNUAL REPORT	View image in PDF format
04/01/2009 -- ANNUAL REPORT	View image in PDF format
01/09/2008 -- ANNUAL REPORT	View image in PDF format
01/04/2007 -- ANNUAL REPORT	View image in PDF format
01/06/2006 -- ANNUAL REPORT	View image in PDF format
02/01/2005 -- ANNUAL REPORT	View image in PDF format
08/23/2004 -- ANNUAL REPORT	View image in PDF format
04/08/2003 -- ANNUAL REPORT	View image in PDF format
04/01/2002 -- ANNUAL REPORT	View image in PDF format
04/24/2001 -- ANNUAL REPORT	View image in PDF format
04/21/2000 -- ANNUAL REPORT	View image in PDF format
01/23/1999 -- ANNUAL REPORT	View image in PDF format
02/17/1998 -- ANNUAL REPORT	View image in PDF format
05/01/1997 -- ANNUAL REPORT	View image in PDF format
04/10/1996 -- ANNUAL REPORT	View image in PDF format
04/04/1995 -- ANNUAL REPORT	View image in PDF format



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/22/2023

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

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

PRODUCER George H. Odiome Insurance Agency Inc. PO Box 830 Brandon FL 33509	CONTACT NAME: Kristen Eakins PHONE (A/C, No, Ext): (813) 685-7731 FAX (A/C, No): (813) 685-1823 E-MAIL ADDRESS: keakins@odiomeinsurance.com
INSURED Quality Pools Construction Contracting, Inc. P. O. Box 128 Live Oak FL 32064	INSURER(S) AFFORDING COVERAGE INSURER A: FCCI Insurance Company INSURER B: Auto Owners Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: Master 23/24 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GL100034485-05	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Pop Up Coverage \$ Included
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5296507700	08/10/2022	08/10/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI \$ 500,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB100019950-06	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WC0100063465-04	01/01/2023	01/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Inland Marine			CM100034491-05	01/01/2023	01/01/2024	Limit: \$409,305 Deductible: \$500

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

CERTIFICATE HOLDER

CANCELLATION

Columbia County Building Department
135 NE Hernando Ave,
Suite B-21
Lake City FL 32055

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE