FORM 1 F



(O)	THEO TOTAL	
$\mathcal{L}\mathcal{A}$	RECEIVED 2010	
	2-21	
[UDERVISOR A	

(TO BE FILED V	VITHIN 60 DAYS OF LEAV	ING PUBLIC OFFIC	CE OR EMPLOYMENT)	
LAST NAME - FIRST NAME - MILLIAME	DOLE NAME: KULY	NAME OF REPORTING PERSON'S AGENCY SAFEWILT TAX. / LI'LY OF BOWHY SPINS.		
Mailing address: Meade	ew lank ove ox.	CHECK ONE OF THE FOI	LOWING (see "Who Must File" on page 3):	
CT MUPUS PL	33908	LOCAL OFFICE SPECIFIED S	ER STATE OFFICER TATE EMPLOYEE	
CITY: ZIP:	COUNTY:	LIST OFFICE OR POSITION	Suspector.	
OFFICE OR EMPLOYMENT DESCRIPTION OF CALCULATING R THE LEGISLATURE ALLOWS FILER FEWER CALCULATIONS, OR USIN further details). PLEASE STATE BEI	RIBED ABOVE, WHICH DATE WAS	OD PETWEEN JANUARY 1, 2 7 - 3 0 THRESHOLDS THAT ARE ABICH ARE USUALLY BASED OF FLECTS EITHER (check one):	2010 AND THE LEST BATE I HELD THE PUBLIC 2010 (Date must be prior to 12/31/10)	
	OF INCOME [Major sources of income eport, you must write "none" or "n/a"]		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
NAME OF SOURCE SOURCE ADDRI			DESCRIPTION OF THE SOUP (E) PRINCIPAL BUSINESS ACCUSTY	
SARebuilt Enc				
			— — —	
PART B SECONDARY SOUR	CES OF INCOME [Major customers, c	lients, and other sources of inc	ome to businesses owned by reporting person]	
(If you have nothing to r NAME OF	eport, you must write "none" or "n/a"]	•		
BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BURNEL ACTIVITY OF SOURCE	
PART C REAL PROPERTY [L (If you have nothing to re	FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.			
			INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.	
			OTHER FORMS you may need to file are described on page 6.	

	RSONAL PROPERTY [Stocks, bond to report, you must write "none" or '		
TYPE OF INTAN		BUSINESS ENTITY TO WHICH THE	PROPERTY RELATES
		7	
PART E — LIABILITIES [Maj	jor debts] to report, you must write "none" or "	'nia")	
	•		STOD
NAME OF CRED	лок	ADDRESS OF CRED	лок
			
	 		
	PECIFIED BUSINESSES [Ownersh to report, you must write "none" or "i	nip or positions in certain types of businesses	s]
	•	_	•
NAMENE	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	•	_	BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY	BUSINESS ENTITY # 1	_	BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY	BUSINESS ENTITY # 1	_	BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY	BUSINESS ENTITY # 1	_	BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY TOWN MORE THAN A 5% INTEREST IN THE BUSINESS	BUSINESS ENTITY # 1	_	BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY TOWN MORE THAN A 5%	BUSINESS ENTITY # 1	_	BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY	BUSINESS ENTITY # 1	_	BUSINESS ENTITY # 3
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY FOWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	BUSINESS ENTITY # 1	_	
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY FOWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY FOWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS SIGNATURE:	A THROUGH F ARE CONTINU	BUSINESS ENTITY # 2 JED ON A SEPARATE SHEET, PLE	
BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY TOWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST IF ANY OF PARTS SIGNATURE:	A THROUGH F ARE CONTINU	BUSINESS ENTITY # 2 JED ON A SEPARATE SHEET, PLE DATE SIGNED:	

WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send backforly pages 1 and 2 for filling (you need not return any of the instruction pages). Facsimiles will not be accepted.

WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

WHERE TO FILE:

Local officers: file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees: file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

NOTE:

If you are leaving office or employment during the first half of 2010, you may not have filed Form 1 for 2009. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2009 by July 1 of 2010.

PAGE