

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY  
CERTIFICATION OF FILING****1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Audio Visual Innovations, Inc.  
Tampa, FL United States

Certificate Number:  
2018-312483

Date Filed:  
02/12/2018

Date Acknowledged:

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Fort Worth Fire Department Office of Emergency Management

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

FIRE-18-00415296  
Audio Visual Equipment, Supplies & Related Items

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	AVI-SPL, Inc.	Tampa, FL United States	X	
	Zettel, John	Tampa, FL United States	X	
	Benjamin, Steve	Tampa, FL United States	X	
	Palmer, Steve	Tampa, FL United States	X	
	Stokes, Richard	Miami, FL United States	X	
	Ofenloch, Todd	Miami, FL United States	X	
	White, Matthew	Miami, FL United States	X	

5 Check only if there is NO Interested Party. ☐

**6 UNSWORN DECLARATION**

My name is Steve Benjamin, and my date of birth is May 17, 1960.

My address is 6301 Benjamin Road, Suite 101, Tampa, FL, 33634, USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hillsborough County, State of Florida, on the 12th day of February, 20 18.  
(month) (year)



KAYE A. BURCHENSON  
MY COMMISSION # GG 017458  
EXPIRES: August 1, 2020  
Bonded Thru Budget Notary Services

*Kaye A. Burchenson*  
2/13/2018

Signature of authorized agent of contracting business entity  
(Declarant)