| PLEASE PRINT *Name and Address are required |
|---|
| NAME: PENKE BUCKLAND MCGERGE DATE: 3-21-24 |
| NAME: PENNE BUCKLAND MCGEEge DATE: 5-21-24 ADDRESS: 1809 Wells Rd ZIP: 52234 PHONE: 904-266-1125 |
| E-MAIL ADDRESS: |
| Are you a Lobbyist/Agent? 🗖 Yes 🖾 No 🛛 If yes, who do you represent? |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary? Yes No PUBLIC HEARING BILL NUMBER: <u>23-407</u> I SUPPORT |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth |
| SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER. |

BE: WE TE NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON. (Please read the reverse side for instructions on speaking before the City Council.)

1023-407

| PLEASE PRINT *Name and Address are required | |
|--|--|
| NAME: CARL GELL | DATE: 5/21/24 |
| NAME: CARL GELL ADDRESS: 14914 BELLESTATES Rd ZIP: 32234 | PHONE: 904 545 6271 |
| E-MAIL ADDRESS: | |
| Are you a Lobbyist/Agent? Yes WNo If yes, who do you represent? | |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Counci | I Secretary? Yes No |
| PUBLIC HEARING BILL NUMBER: 2623-407 | |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION | 2024 MAY 21 PMA 20'24 an 41 |
| Please check this box if you are here to answer questions only, or if you DO NO | T wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testime | ony you are about to give will be the truth, |
| the whole truth and nothing but the truth | |
| | |
| SPEAKING TIME IS LIMITED TO THREE (3) MINUTE | S PER SPEAKER. |

NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON. (Please read the reverse side for instructions on speaking before the City Council.)

| PLEASE PRINT *Name and Address are required | , , |
|--|--|
| NAME: SHALENE ESTES | DATE: 5/21/2024 |
| ADDRESS: 14785 OUD ST. AUGUSTINE ZIP: 32258 | PHONE: 904 - 899-5748 |
| E-MAIL ADDRESS: SHALENEESTES & FONESTAN, COM | |
| Are you a Lobbyist/Agent? Tyes I No If yes, who do you represent? | FORESTAN |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Counce PUBLIC HEARING BILL NUMBER: | Sand Street Street Street |
| I SUPPORT (or) I OPPOSE THIS LEGISLATIO | N 2024 MAY 21 PM4:55 |
| Please check this box if you are here to answer questions only, or if you DO NO | OT wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testim the whole truth and nothing but the truth | ony you are about to give will be the truth, |

| PLEASE PRINT *Name and Address are required |
|--|
| NAME: Joseph Maceo George DATE: 5/21/2024 |
| NAME: Joseph Maceo George DATE: 5/21/2024 ADDRESS: 5557 PAULBETT Dr.VE ZIP: 3277 PHONE: 904-2289761 |
| E-MAIL ADDRESS: MACED george |
| E-MAIL ADDRESS: MACEO george Are you a Lobbyist/Agent? Yes No If yes, who do you represent? |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary? Yes No |
| PUBLIC HEARING BILL NUMBER: 2024-231 |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth |
| SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKERING 21 PM4:48 NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON. (Please read the reverse side for instructions on speaking before the City Council.) |

04-L

| PLEASE PRINT *Name and Address are required | |
|--|--|
| NAME: Helen F. Williams | DATE: 5/21/24 |
| ADDRESS: 5836 ELLAKEI ROAD ZIP: 32208 | PHONE: |
| E-MAIL ADDRESS: Williamshelen 819 Cgmail, com | |
| Are you a Lobbyist/Agent? Yes X No If yes, who do you represent? | |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Counci | I Secretary? Yes No |
| PUBLIC HEARING BILL NUMBER: | |
| I SUPPORT (or) I OPPOSE X THIS LEGISLATION | I |
| Please check this box if you are here to answer questions only, or if you DO NO | T wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testime the whole truth and nothing but the truth Abler Williams | ony you are about to give will be the truth, |
| SPEAKING TIME IS LIMITED TO THREE (3) MINUTH | S PER SPEAKERMAY 21 PM4:47 |

NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON. (Please read the reverse side for instructions on speaking before the City Council.)

| PLEASE PRINT *Name and Address are required |
|--|
| NAME: David Mankus DATE: May 21,2024 |
| ADDRESS: 14.571 Marsh Vier Dr ZIP: 32250 PHONE: 904-514-8890 |
| E-MAIL ADDRESS: d. mankus Cyahoo, com |
| Are you a Lobbyist/Agent? Yes Yes If yes, who do you represent? |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary? PUBLIC HEARING BILL NUMBER: <u>24-236</u> |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION 2024 MAY 21 PM4:39 |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER. |
| NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON. |
| |
| (Please read the reverse side for instructions on speaking before the City Council.) |

| PLEASE PRINT *Name and Address are required | |
|--|--|
| NAME: Tana Mankus | DATE: May 21,2024 |
| NAME: Tana Mankus ADDRESS: 14571 Marsh View Dr ZIP: 32250 | PHONE: 904-514-8890 |
| E-MAIL ADDRESS: Imankus 210gmail. com | |
| Are you a Lobbyist/Agent? Yes Yes No If yes, who do you represent? | |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council | Secretary? Yes No |
| PUBLIC HEARING-BILL NUMBER: 24-236 | |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION | 2024 MAY 21 PM4:36 |
| Please check this box if you are here to answer questions only, or if you DO NO | T wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testime | ony you are about to give will be the truth, |
| the whole truth and nothing but the truth | and the second |

24-275

| PLEASE PRINT *Name and Address are required |
|---|
| NAME: CHERS HAGAN DATE: 5/21/24 |
| NAME: CHERS HAGAN DATE: $S/21/24$ ADDRESS: 208 N. LAURA S. ZIP: 32202 PHONE: $(904)219-9842$ |
| E-MAIL ADDRESS: HAGAJ @ THESOUTHERHGROUP. COM |
| Are you a Lobbyist/Agent? Yes I No If yes, who do you represent? Own En |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary? \Box Yes \Box No PUBLIC HEARING BILL NUMBER: $2024 - 275$ |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth 2024 MAY 21 PM4:49 |

2024-275

| PLEASE PRINT *Name and Address are required | |
|--|---|
| | DATE: 52124 |
| ADDRESS: 6057 HongesHoe Dr ZIP: 32254 | PHONE: 908-699-3699 |
| E-MAIL ADDRESS: 6 INWINIO18 @ LOTMAIL . CON | |
| Are you a Lobbyist/Agent? 🔲 Yes 🏼 No If yes, who do you represent? | |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council PUBLIC HEARING BILL NUMBER: | 5034 UAU 24 av 4159 |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION | 2024 MHT CI PITTOS |
| Please check this box if you are here to answer questions only, or if you DO NOT | |
| If you intend to speak, please sign below to indicate that you affirm that the testimo the whole truth and nothing but the truth | ny you are about to give will be the truth, |

| PLEASE PRINT *Name and Address are required / |
|--|
| NAME: Thomas Mark Rhoden DATE: 5-21-2024 ADDRESS: 6045 Horsechue Dr. ZIP: 32254 PHONE: 904-783-8062 |
| ADDRESS: 6045 Horseshoe Dr. ZIP: 32254 PHONE: 904-783-8062 |
| E-MAIL ADDRESS: <u>Home mark the den 6 bellsouth net</u> |
| Are you a Lobbyist/Agent? Yes X No If yes, who do you represent? |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary? 🗖 Yes 🔯 No |
| PUBLIC HEARING BILL NUMBER: |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION 2024 MAY 21 PM 5:00 |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth |
| SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKER. |

NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON. (Please read the reverse side for instructions on speaking before the City Council.)

2024-275

| PLEASE PRINT *Name and Address are required |
|---|
| NAME: RICHARD D. ARMSTRONG DATE: 5/21/24 |
| NAME: RICHARD D. ARMSTRONG DATE: 5/24/24 ADDRESS: 6275 PICKERTMILE RD ZIP: 32254 PHONE: 904.476.2089 |
| E-MAIL ADDRESS: CHOPPER 4221 & HOPMAR, COM |
| Are you a Lobbyist/Agent? Yes Yes I No If yes, who do you represent? |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary? 🛛 Yes 🔹 No |
| PUBLIC HEARING BILL NUMBER: 275 AND 276 |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION 2024 MAY 21 PM5:04 |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth |

2024-6

275

| PLEASE PRINT *Name and Address are required |
|---|
| NAME: BLOODWORTH, ANTHONY L. DATE: 5-21-23 |
| ADDRESS: 6263 PICKETTVILLE RD ZIP: 32254 PHONE: 904-627-5809 |
| E-MAIL ADDRESS: ANTHONY BLOODWORTH BONFIRE @ OUTLOOK, COM |
| Are you a Lobbyist/Agent? 🗖 Yes 🖾 No If yes, who do you represent? |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary? PUBLIC HEARING BILL NUMBER: <u>275</u> 4276 |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION 2024 MAY 21 PM 5:06 |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth |

| PLEASE PRINT *Name and Address are required |
|--|
| NAME: CHRIS HAGAN DATE: 5/21/24 |
| ADDRESS: 208 N_ LAJERS ST, ZIP: 32202 PHONE: |
| E-MAIL ADDRESS: HOGAN CTHESOUPEENGEOCOP. COM |
| Are you a Lobbyist/Agent? I Yes I No If yes, who do you represent? OWNER |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary? \Box Yes \Box No PUBLIC HEARING BILL NUMBER: $2224 - 274$ |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION 2024 MAY 21 PM 4:50 |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth |
| SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON. (Please read the reverse side for instructions on speaking before the City Council.) |

| PLEASE PRINT *Name and Address are required |
|---|
| NAME: RICHARD D. ANSTRUM DATE: 57/21/24 |
| NAME: <u>RICHAR</u> D. <u>ANSTRUM</u> DATE: <u>57/21/24</u> ADDRESS: <u>6275 PICKETTVILLE RD. JAXE</u> ZIP: <u>32259</u> PHONE: <u>9044762089</u> |
| E-MAIL ADDRESS: CHOPPEN 4221 & HOTMAR - Can |
| Are you a Lobbyist/Agent? Yes No If yes, who do you represent? |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary? Yes No |
| PUBLIC HEARING BILL NUMBER: $275 + 276$ |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION 2024 MAY 21 PM 5:05 |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth |
| SPEAKING TIME IS LIMITED TO THREE (3) MINUTES PER SPEAKER. |
| NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON. |
| (Please read the reverse side for instructions on speaking before the City Council.) |

2024-276

| PLEASE PRINT *Name and Address are required | | |
|---|--|--|
| NAME: ANTHONY L BLOODWORTH | DATE: 5-21-23 | |
| ADDRESS: 6263 PICKETTVILLE RD ZIP: 32254 | PHONE: <u>904-627-5809</u> | |
| E-MAIL ADDRESS: ANTHONY BLOODWORTH BONFIRE Q. OUTLOOK, CO | 27 | |
| Are you a Lobbyist/Agent? Yes No If yes, who do you represent? | | |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council S PUBLIC HEARING BILL NUMBER: $275 + 276$ | Secretary? 🗖 Yes 🖾 No | |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION | 2024 MAY 21 PM5:06 | |
| Please check this box if you are here to answer questions only, or if you DO NOT | wish to speak during the Public Hearing. | |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth | | |
| SPEAKING TIME IS I IMITED TO THREE (2) MINUTES | DED CDE A KED | |

2024-276

| PLEASE PRINT *Name and Address are required | |
|---|--|
| NAME: GWNYWINTERS | DATE: 5/21/24 |
| ADDRESS: 6057 HORSesHoedn ZIP: 32254 | PHONE: 907-699-3699 |
| E-MAIL ADDRESS: GINWINIOIS @ KOTMAIL. OM | |
| Are you a Lobbyist/Agent? Yes Yes No If yes, who do you represent? | |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Counci | Secretary? Yes No |
| PUBLIC HEARING BILL NUMBER: 2024-0275 | |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION | 2024 MAY 21 PM 4:59 |
| Please check this box if you are here to answer questions only, or if you DO NO | |
| If you intend to speak, please sign below to indicate that you affirm that the testime the whole truth and nothing but the truth | ony you are about to give will be the truth, |
| SPEAKING TIME IS LIMITED TO THREE (3) MINUTE | S PER SPEAKER |

NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON. (Please read the reverse side for instructions on speaking before the City Council.)

| PLEASE PRINT *Name and Address are required |
|---|
| NAME: Thomas Maik Rhoden DATE: 5-21-2024 |
| NAME: <u>Thomas Maik Rhoden</u> DATE: <u>5-21-2024</u> ADDRESS: <u>6045</u> Horsence Dr. <u>ZIP: 32254</u> PHONE: <u>904-783-8062</u> |
| E-MAIL ADDRESS: from and mark phoder a bell south. 45t |
| Are you a Lobbyist/Agent? Ves No If yes, who do you represent? |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary? PUBLIC HEARING BILL NUMBER: |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION |
| □ Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth |
| SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON. |
| (Please read the reverse side for instructions on speaking before the City Council.) 2024 MAY 21 PM5:02 |

| PLEASE PRINT *Name and Address are required |
|---|
| NAME: CURDY TRIMMER DATE: 5/21/24 |
| ADDRESS: [[NOEDENDENT DR ROD ZIP: 32202 PHONE: 807085 |
| E-MAIL ADDRESS: CKTO DRIVER NICAFEE. COM |
| Are you a Lobbyist/Agent? 🖾 Yes 🗖 No If yes, who do you represent? |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council Secretary? 🛛 Yes 🔲 No |
| PUBLIC HEARING BILL NUMBER: 2024-277 |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION |
| Please check this box if you are here to answer questions only, or if you DO NOT wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, |
| the whole truth and nothing but the truth |
| |

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON. (Please read the reverse side for instructions on speaking before the City Council.)

2024 MAY 21 PM5:04

24-278

| PLEASE PRINT *Name and Address are required | |
|---|--|
| NAME: CYNDY TRIMMER | DATE: 5/21/24 |
| ADDRESS: [[NDEPCNDCUT.]R 1200 ZIP: 32202 | |
| E-MAIL ADDRESS: CKTED DELVERMEAFEE. COM | |
| Are you a Lobbyist/Agent? Yes No If yes, who do you represent? | APPLICANT |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council | |
| PUBLIC HEARING BILL NUMBER: 2024-278 | |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION | |
| Please check this box if you are here to answer questions only, or if you DO NOT | wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testimor | |

the whole truth and nothing but the truth

24-28

| | and Address are required | | | |
|---------------------------|------------------------------------|---------------------------|---------------|--------------------------------|
| NAME: STE | PHEN SMITH | | DATE: | 05/21/2024 |
| ADDRESS: 501 W | 1 BALY STREET #100 | _ ZIP: 32.202 | PHONE: | 904-990-8400 |
| | t? X Yes No If yes, w | | EMERSON | OFFICE COMPLEX IT (APPLICA) |
| If you are a Lobbyist/Age | ent, have you registered as a lobb | yist with the City Counci | il Secretary? | Yes No |
| | L NUMBER: 2024 - 0 | | | |
| | (or) I OPPOSE | | | |
| Please check this box | if you are here to answer questio | ns only, or if you DO NO | T wish to sp | eak during the Public Hearing. |
| | | | | |

If you intend to speak, please sign below to indicate that you affirm that the testimony you are about to give will be the truth, the whole truth and nothing but the truth

202

| PLEASE PRINT *Name and Address are required | |
|---|--|
| NAME: Randolph Tsland Jr. | DATE: 05/21/24 |
| ADDRESS: 58 Bartey St. ZIP: 32092 | |
| E-MAIL ADDRESS: realtor. rislando gmail. com | |
| Are you a Lobbyist/Agent? Yes Yes No If yes, who do you represent? | |
| If you are a Lobbyist/Agent, have you registered as a lobbyist with the City Council PUBLIC HEARING BILL NUMBER: | Secretary? Yes No |
| I SUPPORT (or) I OPPOSE THIS LEGISLATION | 2024 MAY 21 Ph4:48 |
| Please check this box if you are here to answer questions only, or if you DO NO | Γ wish to speak during the Public Hearing. |
| If you intend to speak, please sign below to indicate that you affirm that the testimo the whole truth and nothing but the truth | |
| SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTE</u> NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO | |

(Please read the reverse side for instructions on speaking before the City Council.)