

**TAMPA SPORTS AUTHORITY
MANDATORY PRE-PROPOSAL CONFERENCE**

(TUESDAY, JUNE 30, 2015 @ 10:00 AM

PLEASE PRINT LEGIBLY

BID#: 14-16

BID DUE DATE: TUESDAY, JULY 14, 2015 NOT LATER THAN 10:00 AM

BID TITLE: LABOR HOURS FOR CCTV PROJECT, RJS

COMPANY NAME: Tampa Sports Authority

CONTACT NAME: Delticia Jones

CONTACT'S EMAIL: djones@tampasportsauthority.com

MAILING ADDRESS: 4201 N. Dale Mabry Hwy.

CITY/STATE/ZIP: Tampa, FL 33607

PHONE NUMBER: 813 350 6511 FAX NUMBER: 813.350.6611
(INCLUDE AREA CODE)

COMPANY NAME: Nexxtworks Inc

CONTACT NAME: Katie Stevens

CONTACT'S EMAIL: KStevens@~~www~~nexxtworks.com

MAILING ADDRESS: 30798 US 19 North

CITY/STATE/ZIP: Palm Harbor, FL 34684

PHONE NUMBER: 727-489-3045 FAX NUMBER: 727-723-0307
(INCLUDE AREA CODE)

COMPANY NAME: A TOTAL SOLUTION

CONTACT NAME: Thomas Sinclair

CONTACT'S EMAIL: Tom@ATOTALSOLUTION.COM

MAILING ADDRESS: 3487 KEYSTONE RD

CITY/STATE/ZIP: DAYTON SPRINGS FL 34688

PHONE NUMBER: 727-942-1993 FAX NUMBER: 727-943-5919
(INCLUDE AREA CODE)

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COMPANY NAME: Jenkinson Controls

CONTACT NAME: Steve Gallette

CONTACT'S EMAIL: Steven.J.Gallette@JCI.com

MAILING ADDRESS: 3800 SUGAR PALM DR

CITY/STATE/ZIP: Tamp FL 33619

PHONE NUMBER: 813-241-5164 FAX NUMBER: 813-635-2276
(INCLUDE AREA CODE)

COMPANY NAME: _____

CONTACT NAME: _____

CONTACT'S EMAIL: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____
(INCLUDE AREA CODE)

COMPANY NAME: _____

CONTACT NAME: _____

CONTACT'S EMAIL: _____

MAILING ADDRESS: _____

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COMPANY NAME: SVS, INC.

CONTACT NAME: Raymond S. SUTTON

CONTACT'S EMAIL: Sutton.6310@yahoo.com

MAILING ADDRESS: P.O. Box 260791

CITY/STATE/ZIP: TAMPA, FL

PHONE NUMBER: 813-900-6633 FAX NUMBER: _____
(INCLUDE AREA CODE)

COMPANY NAME: _____

CONTACT NAME: _____

CONTACT'S EMAIL: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____
(INCLUDE AREA CODE)

COMPANY NAME: _____

CONTACT NAME: _____

CONTACT'S EMAIL: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____
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