



Appointments Questionnaire

The information from this questionnaire will be used by the Governor's office and, where applicable, The Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. **Please type or print in black ink.**

10/28/2022

Date Completed

Name: Mr. Scott C Boutwell

MR./MRS./MS./DR.

FIRST

LAST

MIDDLE/MAIDEN

Section 1- General Information

List all your places of residence for the last ten (10) years.

| Address | City & State | Dates: From / To |
|-----------------------|--------------------------|------------------|
| 1113 Winterhawk Dr | St. Augustine, Fl. 32086 | 9-89/2-92 |
| 124 Calle DeLeon | St. Augustine, Fl. 32086 | 2-92/5-2004 |
| 1371 Kings Estate Rd. | St. Augustine, Fl. 32086 | 5-2004/Present |
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List all your former and current residences outside of Florida that you have maintained at any time during adulthood

| Address | City & State | Dates: From / To |
|---------------------------------------|--------------|------------------|
| 730 Pearl St Gardner, Ma.01440 | | 2-81/4-82 |
| 14 Abbott Ave. Leominster, Ma 01453 | | 4-82/7-87 |
| 543 Prospect St, Leominster, Ma 01453 | | 7-87/9-89 |
| | | |

Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) Yes No

If "Yes" give details:

| Date | Place | Nature | Disposition |
|------|-------|--------|-------------|
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Section 2- Education and Background

High School: Lunenburg Jr./Sr.High School Lunenburg, Ma. 01462
 (Name) (Location)

Year Graduated: 1978

List all postsecondary education institutions attended:

| Name | Dates | Degree Received |
|------|-------|-----------------|
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Are you or have you ever been a member of the armed forces of the United States? Yes No

If "Yes" List:

Dates of service: _____
 Branch or component: _____
 Date & type of discharge: _____

Concerning your current employer and for all of your employment during the last ten years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

| Employer's Name & Location | Type of Business | Occupation Title | Period |
|--|---|--|---|
| DeAngelo Contracting Services 6209 Bowdendale Ave. Jacksonville, Fl.32216. | Herbicide applications/infrastructure Maintenance | Herbicide applications/infrastructure Road Maintenance | Southeast Regional Maintenance Manager 10-21 to present |
| Deangelo Bros Inc. 6209 Bowdendale Ave. Jacksonville, Fl. 32216. | Herbicide applications/infrastructure Maintenance | Southeast Regional Maintenance Manager | 5-2011 to 10-2021 |

Have you ever been employed by any state, district, or local governmental agency in Florida?
 Yes No

If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

| Position | Employing Agency | Period of Employment |
|----------|------------------|----------------------|
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Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes No

If "Yes", please list:

Have you ever been elected or appointed to any public office in this state? Yes No

If "Yes", state the office title, dates in office, level of government (city, county, district, state, federal), and whether you were elected or appointed (if appointed, by whom):

| Office Title | Dates in Office | Level of Government | Election or Appointment |
|--------------|-----------------|---------------------|-------------------------|
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If your service was on an appointed board(s), committee(s), or council(s):

- (1) How frequently were meetings scheduled: _____
- (2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

| Meetings Attended | Meetings Missed | Reason for Absence |
|-------------------|-----------------|--------------------|
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Has probable cause ever been found that you were in violation of the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S.? Yes No

If "Yes" give details:

| Date | Nature of Violation | Disposition |
|------|---------------------|-------------|
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Have you ever been suspended from any office by the Governor of the State of Florida?

Yes No

If "Yes", list:

Title of Office: _____

Reason for suspension: _____

Date of suspension: _____

Result: Reinstated Removed Resigned

Have you previously been appointed to any office that required confirmation by the Florida Senate?

Yes No

If "Yes", list:

(1) Title of Office: _____

(2) Term of Appointment: _____

(3) Confirmation Result: _____

Have you ever been refused a fidelity, surety, performance, or other bond? Yes No

If "Yes", explain:

| License/Certificate | Title/Number | Date Issued | Issuing Authority | Disciplinary Action/Date |
|---------------------|--------------|-------------|-------------------|--------------------------|
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Section 3- Possible Conflicts of Interest

Have you, or businesses of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment?

Yes No

If "Yes", explain:

| Name of Business | Your Relationship to Business | Business Relationship to Agency |
|---------------------------------|---|---------------------------------|
| DeAngelo Contracting Services / | Employee / Contractor for State and County agencies, Infrastructure Maintenance | |
| DeAngelo Bros Inc. / | Employee / Contractor for State and County agencies, Infrastructure Maintenance | |

I don't really see an issue, just didn't want anything left out.

Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment?

Yes No

If "Yes", explain:

| Name of Business | Relationship to You | Relationship to Business | Business Relationship to Agency |
|------------------|---------------------|--------------------------|---------------------------------|
| | | | |
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Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes No

(1) Did you receive any compensation other than reimbursement for expenses? Yes No

(2) Name of agency or entity you lobbied and the principal(s) you represented:

Agency Lobbied

Principal Represented

Are there any possible conflicts of interest that could affect your ability to serve as a gubernatorial appointee?

None

If you agree, please type or write your initials for each of the following statements:

(1) If appointed, I agree to follow, as applicable to the position, Florida's public records and open meeting laws. SCB

(2) If appointed, I agree to follow, as applicable to the position, the Code of Ethics for Public Officers and Employees, Part III, Chapter 112, F.S. SCB

Section 4- References and Experience

State your experiences and interests or elements of your personal history that qualify you for this appointment:

My many years of experience in numerous fields that I have been tasked to oversee with my employment, Budgets, Road Repairs and Construction, DEP experiences and interactions, contract negotiations, and working with all types of people. Landfill waste to energy systems, roadway construction all come to mind. The school of hard knocks! Common sense!

Please list specifically any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment:

Please list any awards or recognitions you have received relating to the subject matter of this appointment:

Please identify all association memberships and offices (including any business, professional, occupational, civic, or fraternal organizations) you have held or hold relating in the last 10 years:

| Name of the Association | Role | Dates of Membership |
|---|--------|---------------------|
| Land Improvement Contractors of America | Member | 6-85 to 6-89 |
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Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes No

If "Yes", explain:

List three persons who have known you well within the past five (5) years. Include a current telephone number. Exclude your relatives and members of the Florida Senate.

| Name | Organization | Phone Number |
|------------------------|----------------------------|--------------|
| Gregory "Scott" Beaver | St. Johns Sherrif's Office | |
| Sam James | Southern Comfort Services | 904-669-6874 |
| Ed Goerge | E&S Consulting | 904-669-7284 |

In the following space, please explain why you want to serve as a gubernatorial appointee and share anything else that you think may be helpful:

St. Johns county has grown leaps and bounds without any real plan, if there is one it's a very well kept secret, I have lived in St. Johns County 33 years without any real foresight of how the county will support the growth, I watched the same in New England and they did have some great ways of curbing the residents expense with all of the infrastucture and services that will be needed. it is time for a change.

Section 5- Certification and Signature

I understand that any appointment tendered to me will be contingent upon the results of a background investigation, and I am aware that withholding information or making false statements on this application may be the basis for non-appointment by the Executive Office of the Governor and criminal penalties. I agree to these conditions, and I declare that I have read the foregoing application and any attachments and the facts stated within them are true, correct, and complete to the best of my knowledge and belief.

By checking this box and typing my name below I am electronically signing my application and understand that an electronic signature has the same force and effect as a written signature.

/s/ **Scott**
First Name

C
Middle Initial

Boutwell
Last Name

Suffix

Please save this document to upload with your board application.

If you have any questions, please call (850) 717-9243 or email Appointments@eog.mv.lorida.com

