

State of Florida

Affidavit Regarding the Use of Coercion for Labor and Services

Respondent Vendor Name: Southern Educational Systems

Vendor FEIN: 57-0907160

Vendor's Authorized Representative Name and Title: David Williams, CFO

Address: PO Box 170339

City: Spartanburg State: SC ZIP: 29301

Phone Number: 864-596-8921

Email Address: purchasing@seslabs.com

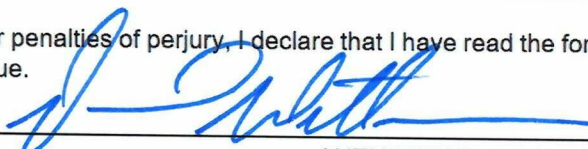
Section 787.06(13), Florida Statutes requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute.

The Hernando County School District, Florida is a governmental entity for purposes of this statute.

As the person authorized to sign on behalf of Respondent, I certify that the company identified does not:

- Use or threaten to use physical force against any person;
- Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
- Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
- Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
- Cause or threaten to cause financial harm to any person;
- Entice or lure any person by fraud or deceit; or
- Provide a controlled substance as outlined in Schedule I or Schedule II of s. 893.03 to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

By:  _____
AUTHORIZED SIGNATURE

Print Name and Title: David Williams, CFO

Date: 3/10/2026

Approved as to Content & Form
CarolineMockler, Esq.
Staff Counsel, HCSD
8:46 am, 04/25/2025