

LIMITED POWER of ATTORNEY



Date: 4/9/26
 To Whom It May Concern:

License Holder: WILLIAM PRINGLE State License: EC13015190

Firm Address: 4180 S US HWY 441 LAKE CITY FL 32025 Telephone Number: 1-804-405-7648

I hereby authorize the following individuals to act as my agent in all areas of permitting and licensing procedure with the municipality to which this is presented.

X This authorization is for sign permits at various locations and to register the contractor

_____ This authorization is for the following location:

Wayne Laxton
Brody Pack

Date 4/9/26 Signed: [Signature]
 Contractor

CONTRACTORS SIGNATURE NOTARIZED:

State of Florida
 County of Columbia

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this 9th day of April 2026 by William Pringle who is personally known to me, or has produced _____ as identification and who did not take an oath.

[Signature]
 Signature of NOTARY PUBLIC



SEAL