

FROM : COLUMBIA CO BUILDING + ZONING FAX NO. : 386-758-2160

Jun. 12 2007 10:53AM P1

Columbia County Building Permit Application

For Office Use Only Application # 0706-37 Date Received 6/12 By ELH Permit # 25913

Application Approved by - Zoning Official _____ Date _____ Plans Examiner _____ Date _____

Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____

Comments _____

☒ NOC ☐ EH ☐ Deed or PA ☐ Site Plan ☒ State Road Info ☐ Parent Parcel # ☐ Development Permit

Name Authorized Person Signing Permit Gregory C. Johnson Phone 904-708-3616

Address C/O ACT Environmental - 1875 W. Main St., Bartow, FL 33830

Owners Name S M Mapps, Inc. Phone _____

911 Address 14197 US-441, LAF CTS. SC 32024

Contractors Name American Compliance Technologies Phone 863-533-2000

Address 1875 W. Main St., Bartow, FL 33830

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address _____

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy

Property ID Number 03-65-17-09588-000 Estimated Cost of Construction 10,000

Subdivision Name _____ Lot _____ Block _____ Unit _____ Phase _____

Driving Directions US-441 E I-75 - (OLD HIGHWAY 170)

Type of Construction Fuel Tank Removal (S) Number of Existing Dwellings on Property 0

Total Acreage 27.92 Lot Size _____ Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive

Actual Distance of Structure from Property Lines - Front _____ Side _____ Side _____ Rear _____

Total Building Height _____ Number of Stories _____ Heated Floor Area _____ Roof Pitch _____

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all laws regulating construction in this jurisdiction.

OWNERS AFFIDAVIT: I hereby certify that all the foregoing information is accurate and all work will be done in compliance with all applicable laws and regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Owner Builder or Authorized Person by Notarized Letter

STATE OF FLORIDA
COUNTY OF COLUMBIA Polk

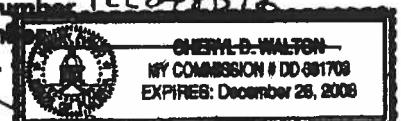
Sworn to (or affirmed) and subscribed before me
this 12th day of June 2007.

Personally known _____ or Produced Identification _____

Contractor Signature
Contractors License Number PCC048392
Competency Card Number _____
NOTARY STAMP/SEAL

Cheryl D. Walton

Notary Signature



(Revised Sept. 2004)

Columbia County Building Permit Application

For Office Use Only Application # 0706- Date Received 6/12 By ELH Permit # 25913

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Flood Zone _____ Development Permit _____ Zoning _____ Land Use Plan Map Category _____

Comments _____

☒ NOC ☐ EH ☐ Deed or PA ☐ Site Plan ☒ State Road Info ☒ Parent Parcel # ☒ Development Permit

Fax _____

Name Authorized Person Signing Permit Gregory C. Johnson Phone 904-708-3616

Address C/O ACT Environmental - 1875 W. Main St., Bartow, FL. 33830

Owners Name S M Mapps, Inc. Phone _____

911 Address 14197 US-441, LAKE CITY, FL 32024

Contractors Name American Compliance Technologies Phone 863-533-2000

Address 1875 W. Main St., Bartow, FL. 33830

Fee Simple Owner Name & Address _____

Bonding Co. Name & Address _____

Architect/Engineer Name & Address _____

Mortgage Lenders Name & Address _____

Circle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progressive Energy

Property ID Number 03-65-17-09588-000 Estimated Cost of Construction 10,000

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Driving Directions US-441 @ I-75 - (OLD LRG TRUCK LTP)

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Owner Builder or Authorized Person by Notarized Letter

STATE OF FLORIDA
COUNTY OF COLUMBIA

Sworn to (or affirmed) and subscribed before me

this _____ day of _____ 20____.

Personally known _____ or Produced Identification _____

Contractor Signature _____
Contractors License Number PCC048392
Competency Card Number _____
NOTARY STAMP/SEAL

Notary Signature

**STATE OF FLORIDA****DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**
CONSTRUCTION INDUSTRY LICENSING BOARD
 1940 NORTH MONROE STREET
 TALLAHASSEE FL 32399-0783
(850) 487-1395
KINCART, ROBERT OWEN
AMERICAN COMPLIANCE TECHNOLOGIES INC
 1875 W MAIN STREET
 BARTOW FL 33830


STATE OF FLORIDA

AC# 2743477

DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

PCC048392 08/23/06 060086744

CERT POLLUTANT STORAGE SYS CONTR
KINCART, ROBERT OWEN
AMERICAN COMPLIANCE TECHNOLOGIES

 IS CERTIFIED under the provisions of Ch.489 FS.
 Expiration date: AUG 31, 2008 L06082303132

DETACH HERE

AC# 2743477

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06082303132

DATE	BATCH NUMBER	LICENSE NBR
08/23/2006	060086744	PCC048392

 The POLLUTANT STORAGE SYSTEMS CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2008

KINCART, ROBERT OWEN
AMERICAN COMPLIANCE TECHNOLOGIES INC
 1875 W MAIN STREET
 BARTOW FL 33830

JHB BUSH
GOVERNOR
SIMONE MARSTILLER
SECRETARY

DISPLAY AS REQUIRED BY LAW



Environmental • Consulting • Emergency Response • Contracting • Health & Safety

June 8, 2007

Columbia County Building Department
35 Northeast Hernando Avenue
Lake City, Florida 32055

ATTN: Permitting Division

This letter serves as Power of Attorney for Gregory C. Johnson to sign for all necessary permits for the project located at 14197 US-441 & I-74 in Lake City, Florida for American Compliance Technologies, Inc. on my behalf.

This authorization expires on June 15, 2007.

Sincerely,

Robert Kincart

AMERICAN COMPLIANCE TECHNOLOGIES, INC.

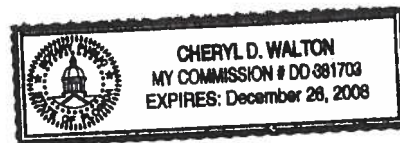
License No.: PCC048392

License No.: QB0016931

License No.: CGC062166

LKL/cw

Subscribed and sworn before me on the 8th day of June, 2007
appeared Robert O. Kincart who is personally known or produced
identification personally known.

NOTARY

(SEAL)

AMERICAN COMPLIANCE TECHNOLOGIES, INC.

Corporate Office

1875 West Main Street • Bartow, Florida 33830 • Telephone (863) 533-2000 • Fax (863) 534-1133

**STATE OF FLORIDA****DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**
CONSTRUCTION INDUSTRY LICENSING BOARD
 1940 NORTH MONROE STREET
 TALLAHASSEE FL 32399-0783

(850) 487-1395

KINCART, ROBERT JEFFREY
AMERICAN COMPLIANCE TECHNOLOGIES INC
 1875 WEST MAIN STREET
 BARTOW FL 33830

STATE OF FLORIDA		AC# 2699387
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION		
CGC062166	08/05/06 060086746	
CERTIFIED GENERAL CONTRACTOR KINCART, ROBERT JEFFREY AMERICAN COMPLIANCE TECHNOLOGIES		
IS CERTIFIED under the provisions of Ch. 489 FS. Expiration date: AUG 31, 2008 L06080500479		

DETACH HERE

AC# 2699387

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L06080500479

DATE	BATCH NUMBER	LICENSE NBR
08/05/2006	060086746	CGC062166

The GENERAL CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489 FS.
 Expiration date: AUG 31, 2008

KINCART, ROBERT JEFFREY
AMERICAN COMPLIANCE TECHNOLOGIES INC
 1875 WEST MAIN STREET
 BARTOW FL 33830

JEB BUSH
 GOVERNOR

SIMONE MARSTILLER
 SECRETARY

DISPLAY AS REQUIRED BY LAW



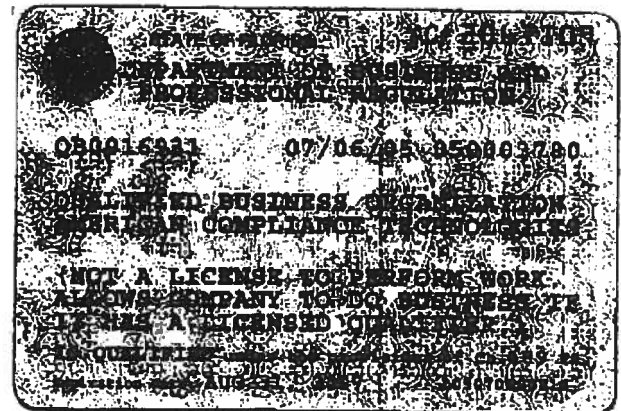
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
 1940 NORTH MONROE STREET
 TALLAHASSEE, FL 32399-0783

(850) 487-1395

AMERICAN COMPLIANCE TECHNOLOGIES INC
 1875 WEST MAIN STREET
 BARTOW FL 33830



DETACH HERE

C# 2067109

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD

DATE	DATE NUMBER	EXPIRATION DATE
07/06/2005	050016923	07/06/2005

The BUSINESS ORGANIZATION
 Named below is qualified
 Under the provisions of Chapter
 488, F.S., to act as a
 BOUNDED BUSINESS ORGANIZATION
 (BBO) for the purpose of
 providing services to the
 COMPANY TO DO BUSINESS IN THE
 STATE OF FLORIDA.
 AMERICAN COMPLIANCE TECHNOLOGIES INC
 1875 WEST MAIN STREET
 BARTOW FL 33830

IN GOD WE TRUST

JERRY BUSH
 GOVERNOR

DIANE CARR
 SECRETARY

DISPLAY AS REQUIRED BY LAW

ACORD CERTIFICATE OF LIABILITY INSURANCEOP ID LA
AMERI-5DATE (MM/DD/YYYY)
06/05/07

PRODUCER

Florida Insurance Center Inc
414 N Alexander Street
Plant City FL 33563THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

American Compliance
Technologies, Inc.
1875 W. Main Street
Bartow FL 33830

INSURERS AFFORDING COVERAGE

NAIC

INSURER A: AIG Environmental

INSURER B: United Fire & Casualty Company

13021

INSURER C: F C C I Insurance Co

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR
MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH
POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADDL LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CPL/E&O-Claims Ma <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC	PROP2446608	05/29/07	05/29/08	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	60317356	11/08/06	11/08/07	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	PROU2446570	05/29/07	05/29/08	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	42702	04/12/07	04/12/08	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input checked="" type="checkbox"/> OTH- ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Equipment Floater	60317356	11/08/06	11/08/07	Leased/ \$500,000 Rented Eq Ded. \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

General Liability Policy Includes Professional & Pollution Liability.

CERTIFICATE HOLDER

FORIN-1

For Information Purposes Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN
NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL
IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR
REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Bruce C. Brownlee

Columbia County Property Appraiser

DB Last Updated: 5/11/2007

2007 Proposed Values

Parcel: 03-6S-17-09588-000

Tax Record

Property Card

Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	S M MAPPS INC		
Site Address	L & G TRUCK STOP		
Mailing Address	7717 NW 20TH LN GAINESVILLE, FL 32605		
Use Desc. (code)	RESTRAURAN (002100)		
Neighborhood	3617.00	Tax District	3
UD Codes	MKTA02	Market Area	02
Total Land Area	27.920 ACRES		
Description	BEG SE COR OF NE1/4, RUN S 666.61 FT, W 696.38 FT, S 38.27 FT, W 580.80 FT TO E R/W US-441, N ALONG R/W 550 FT, E 500 FT, N 510.67 FT, NE 494.24 FT TO S R/W I-75, SE ALONG R/W 401.32 FT TO SEC LINE, S 442 FT TO POB. ORB 508-434, 517-434, 681-703, 684-143,		

GIS Aerial



Property & Assessment Values

Mkt Land Value	cnt: (2)	\$581,556.00
Ag Land Value	cnt: (0)	\$0.00
Building Value	cnt: (2)	\$2,082,189.00
XFOB Value	cnt: (10)	\$451,741.00
Total Appraised Value		\$3,115,486.00

Just Value	\$3,115,486.00
Class Value	\$0.00
Assessed Value	\$3,115,486.00
Exempt Value	\$0.00
Total Taxable Value	\$3,115,486.00

Sales History

Sale Date	Book/Page	Inst. Type	Sale VImp	Sale Qual	Sale RCode	Sale Price
4/12/1989	681/703	WD	I	U	34	\$415,000.00
8/1/1983	517/436	WD	I	U	01	\$419,000.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	RESTAURANT (005600)	1966	Above Avg. (10)	23268	35664	\$1,926,704.00
2	SER/SALES (007300)	1997	Conc Block (15)	8104	8768	\$155,485.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0260	PAVEMENT-A	1993	\$344,513.00	382792.000	0 x 0 x 0	(.00)
0169	FENCE/WOOD	1997	\$2,600.00	520.000	0 x 0 x 0	(.00)
0167	DOOR,OHEAD	1997	\$2,400.00	3.000	0 x 0 x 0	(.00)
0290	SAUNA	1997	\$5,000.00	2.000	0 x 0 x 0	(.00)
0292	SCALES	1997	\$30,250.00	1.000	0 x 0 x 0	(.00)

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID JP AMERT-5	DATE (MM/DD/YYYY) 06/12/07
PRODUCER Florida Insurance Center Inc 414 N Alexander Street Plant City FL 33563		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED American Compliance Technologies, Inc. 1875 W. Main Street Bartow FL 33830		INSURERS AFFORDING COVERAGE INSURER A AIG Environmental INSURER B United Fire & Casualty Company INSURER C F C C I Insurance Co INSURER D INSURER E	NAIC # 13021

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	PROP2446608	05/29/07	05/29/08	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/>	CPL/E&O-Claims Ma				PERSONAL & ADV INJURY \$ 1,000,000
		<input checked="" type="checkbox"/> Contractual				GENERAL AGGREGATE \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG \$ 1,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC				
B		AUTOMOBILE LIABILITY	60317356	11/08/06	11/08/07	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/>	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY AGG \$
A		EXCESS/UMBRELLA LIABILITY	PROP2446570	05/29/07	05/29/08	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 4,000,000
	<input type="checkbox"/>	DEDUCTIBLE				\$
	<input type="checkbox"/>	RETENTION \$				\$
						\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	42702	04/12/07	04/12/08	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E L EACH ACCIDENT \$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E L DISEASE - EA EMPLOYEE \$ 1,000,000
						E L DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER				
B		Equipment Floater	60317356	11/08/06	11/08/07	Leased/ \$500,000 Rented Eq Ded. \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

General Liability Policy Includes Professional & Pollution Liability.**CERTIFICATE HOLDER****CANCELLATION****COLUM35**

Columbia County
Building Department
35 NE Hernando Ave.
Lake City FL 32055

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **10** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



25913

NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY of COLUMBIA

The undersigned, as Owner, notifies all parties that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

Description of Property: 14197 S. US Hwy 441, Lake City, Florida 32024. Legal description attached.

General description of improvement: Removal of three (3) 10,000-gallon and two (2) 15,000-gallon fiberglass underground storage tank.

Owner Information: S.M. Maaps, Inc.
7717 NW 20th Lane, Gainesville, FL 32605
Phone: 386-867-1003

Contractor: American Compliance Technologies, Inc.
1875 West Main Street, Bartow, Florida 33830
Phone: 863-533-2000 Fax: 863-534-1133

Surety: N/A

Lender: N/A

Inst:200712013115 Date:6/14/2007 Time:12:33 PM
JP DC, P. DeWitt Cason, Columbia County Page 1 of 1

Persons within the State of Florida designated by Owner upon who notices or other documents may be served as provided in Section 713.13 (1) (a) 7., Florida Statutes:

Alternate: _____
Telephone: _____
Fax: _____

In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes:

Alternate: Silvia Moukhtara
Telephone: 352-870-8772

Expiration date of Notice of Commencement:
(The expiration date is one year from the date of recording, unless a different date is specified)

Signature of Owner: 

Sworn to and subscribed before me by Michel Moukhtara who is personally known to me or produced _____ as identification, this 14th day of June, 2007

Seal:



JILL B. VINCI
MY COMMISSION # DD 672264
EXPIRES: May 22, 2011
Bonded Thru Budget Notary Services

Jill B Vinci
Notary Public, State of Florida

My Commission Expires: 5-22-2011