DATE 08/16/2007 Columbia County This Permit Expires One Y	Fear From the Date of Issue PERMIT 000026136
APPLICANT THOMAS ADAMS	PHONE <u>352.694.2580</u>
ADDRESS POB 830157	OCALA FL 34483
OWNER ANTHONY ZUKOWSKI	PHONE 719.4936
ADDRESS 119 SW HANCOCK COURT	LAKE CITY FL 32024
CONTRACTOR H.J. MCDONALD	PHONE <u>352.694.2580</u>
LOCATION OF PROPERTY SR 47-S TO CALLAHAN RD,T	L TO CALLAWAY S.D AND IT'S THE 2ND
HOME ON LEFT CORNER @ H	HANCOCK COURT.
TYPE DEVELOPMENT ROOF OVER./SFD ES	STIMATED COST OF CONSTRUCTION 24480.00
HEATED FLOOR AREA TOTAL AR	REA HEIGHT STORIES
FOUNDATION WALLS	ROOF PITCH FLOOR
LAND USE & ZONING	MAX. HEIGHT
Minimum Set Back Requirments: STREET-FRONT	REAR SIDE
NO. EX.D.U. 1 FLOOD ZONE	DEVELOPMENT PERMIT NO.
PARCEL ID 15-4S-17-08355-417 SUBDIVISION	ON CALLAWAY
LOT 7 BLOCK PHASE 1 UNIT	TOTAL ACRES
Driveway Connection Septic Tank Number LU & Zoni COMMENTS: NOC ON FILE.	ing checked by Approved for Issuance New Resident
	Check # or Cash 1169
FOR BUILDING & ZONII	NG DEPARTMENT ONLY (footer/Slab)
FOR BUILDING & ZONII Temporary Power Foundation	NG DEPARTMENT ONLY (footer/Slab) Monolithic
Temporary Power Foundation date/app. by	Monolithic date/app. by (footer/Slab)
Temporary Power Foundation date/app. by	Monolithic date/app. by (footer/Slab)
FOR BUILDING & ZONII Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing a	Monolithic date/app. by Sheathing/Nailing date/app. by date/app. by sbove slab and below wood floor
FOR BUILDING & ZONII Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing a date/app. by	Monolithic date/app. by Sheathing/Nailing date/app. by date/app. by
FOR BUILDING & ZONII Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing a	Monolithic date/app. by Sheathing/Nailing date/app. by date/app. by shove slab and below wood floor Peri. beam (Lintel)
FOR BUILDING & ZONII Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing a date/app. by Electrical rough-in Heat & Air Duct	Monolithic Monolithic date/app. by date/app. by Sheathing/Nailing date/app. by date/app. by bove slab and below wood floor date/app. by Peri. beam (Lintel) date/app. by
FOR BUILDING & ZONII Temporary Power Foundation date/app. by Under slab rough-in plumbing date/app. by Framing Rough-in plumbing a date/app. by Electrical rough-in date/app. by Permanent power C.O. Final date/app. by	Monolithic date/app. by Sheathing/Nailing date/app. by date/app. by shove slab and below wood floor Peri. beam (Lintel)
FOR BUILDING & ZONII Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing a date/app. by Electrical rough-in Heat & Air Duct date/app. by Permanent power C.O. Final date/app. by M/H tie downs, blocking, electricity and plumbing	Monolithic date/app. by Sheathing/Nailing date/app. by date/app. by bove slab and below wood floor Peri. beam (Lintel) date/app. by Culvert date/app. by Pool
FOR BUILDING & ZONII Temporary Power Foundation date/app. by Under slab rough-in plumbing date/app. by Framing Rough-in plumbing a date/app. by Electrical rough-in Heat & Air Duct date/app. by Permanent power C.O. Final date/app. by M/H tie downs, blocking, electricity and plumbing date/app. Reconnection Pump pole	Monolithic date/app. by Sheathing/Nailing date/app. by date/app. by date/app. by date/app. by date/app. by Culvert date/app. by Pool Gate/app. by Collvert date/app. by Pool
FOR BUILDING & ZONII Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing a date/app. by Electrical rough-in Heat & Air Duct date/app. by Permanent power C.O. Final date/app. by M/H tie downs, blocking, electricity and plumbing Reconnection Pump pole date/app. by date/app. by	Monolithic date/app. by Sheathing/Nailing date/app. by date/app. by date/app. by date/app. by Deri. beam (Lintel) date/app. by Culvert date/app. by Culvert date/app. by Pool p. by Utility Pole date/app. by date/app. by
FOR BUILDING & ZONII Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing a date/app. by Electrical rough-in Heat & Air Duct date/app. by Permanent power C.O. Final date/app. by M/H tie downs, blocking, electricity and plumbing Reconnection Pump pole date/app. by M/H Pole Travel Trailer	Monolithic Monolithic
FOR BUILDING & ZONII Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing a date/app. by Electrical rough-in Heat & Air Duct date/app. by Permanent power C.O. Final date/app. by M/H tie downs, blocking, electricity and plumbing Reconnection Pump pole date/app. by M/H Pole Travel Trailer	Monolithic Monolithic
FOR BUILDING & ZONII Temporary Power Foundation date/app. by Under slab rough-in plumbing Adate/app. by Framing Rough-in plumbing a date/app. by Electrical rough-in Heat & Air Duct Adate/app. by Permanent power C.O. Final Adate/app. by M/H tie downs, blocking, electricity and plumbing Adate/app. By Reconnection Pump pole Adate/app. by M/H Pole Travel Trailer date/app. by	MG DEPARTMENT ONLY Monolithic
FOR BUILDING & ZONII Temporary Power Foundation date/app. by Under slab rough-in plumbing Slab date/app. by Framing Rough-in plumbing a date/app. by Electrical rough-in Heat & Air Duct date/app. by Permanent power C.O. Final date/app. by M/H tie downs, blocking, electricity and plumbing Reconnection Pump pole date/app. by M/H Pole date/app. by BUILDING PERMIT FEE \$ 125.00 CERTIFICATION FE	MG DEPARTMENT ONLY Monolithic

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY. AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.

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

This Permit Must Be Prominently Posted on Premises During Construction

PLEASE NOTIFY THE COLUMBIA COUNTY BUILDING DEPARTMENT AT LEAST 24 HOURS IN ADVANCE OF EACH INSPECTION, IN ORDER THAT IT MAY BE MADE WITHOUT DELAY OR INCONVIENCE, PHONE 758-1008. THIS PERMIT IS NOT VALID UNLESS THE WORK AUTHORIZED BY IT IS COMMENCED WITHIN 6 MONTHS AFTER ISSUANCE.

Columbia County Building Permit Application

Revised 9-23-04

For Office Use Only Application # 570849 Date Received 815 By W Permit # 2613	36
Application Approved by - Zoning Official Date Plans Examiner Date	
Flood Zone Development Permit Zoning Land Use Plan Map Category	
Comments	
Applicants Name . Things 5. Adams 1 Phone 352-219-620	4
Address 7649 (R. 674 Busherell Ft 33513	
Owners Name Anthony Zurauski + christing Hauts Phone 386-719-438	0
911 Address 119 Sw Hancock at Lake City Fa 32024	
Contractors Name #3. McDonaudsk Phone 352-494-2580	
Address 4441 SE S3rd Ave Ocala FC 34480	
Fee Simple Owner Name & Address	····
Bonding Co. Name & Address	
Architect/Engineer Name & Address	
Mortgage Lenders Name & Address	= 81
Circle the correct power company — FL Power & Light — Clay Elec. — Suwannee Valley Elec. — Progressive	Energy
Property ID Number 15-48-16-03003-107 Hx 0w VX Estimated Cost of Construction 29, 4800	0
Subdivision Name Callaway SID Lot 7 Block Unit 1 Pha	ıse
- Driving Directions Sa 1915, TO Callahan, TL To S. D - 2ND AMU CO LETT	
CORNER ON HANGOCK ET.	
- Shingle	
Type of Construction (Construction Number of Existing Dwellings on Property /	
Total AcreageLot Size Do you need a - <u>Culvert Permit</u> or <u>Culvert Waiver</u> or <u>Have an Existi</u>	ng Drive
Actual Distance of Structure from Property Lines - Front Side Side Rear	
Total Building Height Number of Stories <u>l</u> Heated Floor Area <u>)386</u> 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 standard laws regulating construction in this jurisdiction.	r ards of
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.	a.
WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCMENT MAY RESULT IN YOU PAY TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.	(ING YOUR
NI W Day old h	
Owner Builder or Agent (Including Contractor) Contractor Signature	. 4
STATE OF FLORIDA Contractors License Number CkCO\X Competency Card Number	<u> </u>
COUNTY OF COLUMBIA NOTARY STAMPISEAL	
Sworn to (or affirmed) and subscrained before MAEY JUNE HALLORAN MY COMMISSION # DD 288761	
this day of Julia Branche 2008	-
Personally known or Produced forentification Notary Public Underwriter Notary Signature	

Contract and Agreement

CONTRACT AMOUNT. \$ 5000 DOWN PAYMENT: WINDOW SUPPLY, INC. AMOUNT OF CONSOLIDATION P.O. Box 830157 TOTAL BALANCE 1∂ . Ocala, FL 34483-0157 Phone: (352) 694-2580 • (352) 694-6939 • Toll Free (800) 897-2637 I/Wa the owner(s) of the premises mentioned below, hereby engage and hire you as contractor, to furnish and install all necessary materials and labor, to install, construct and place the improvements according to the following specifications, terms and conditions, on and in the premises below described which we warrant and represent that we have good record title as to owners in our own name. OWNER'S NAME(S) -ADDRESS. DESCRIPTION OF WORK TO BE DONE AND MATERIALS TO BE USED: Block Walnus payment Contractor has public liability insurance. All sub-contractors have certificate of insurance or certificate of exemption at the time the services are rendered. The undersigned contractor agrees to sell and the undersigned buyer(s) (jointly and severally, if more than one) agrees to purchase the above described goods and services which are to be furnished or used in the modernization, rehabilitation, repair, alteration or improvement of real property located at buyer's address given above. WINDOW SUPPLY, INC. reserves the right to assign this contract to another Licensed Contractor at it's discretion. _ APPROXIMATE COMPLETION DATE __ 3-5 day APPROXIMATE START DATE **LOAN PROPOSAL** Buyer(s) may request seller to arrange a loan in the amount necessary to cover the price under this agreement. If seller is unable to arrange such a loan, this contract is automatically terminated. Because of the large number of sources where seller may arrange such a loan and because each of them has various methods of computing the loan cost, it is impossible to furnish a full disclosure statement as required by law, until such time as seller is able to obtain an "Agreement to Loan" from one or another financial source. If the buyer(s) should request the seller to arrange a foan, a full disclosure statement will be furnished immediately upon obtaining an "Agreement to Loan." An "Agreement to Loan" from another financis source is customarily secured by mortgage of real estate.

Based on the terms of this contract the repayment term of the loan shall be approximately ______months and the monthly payments shall be approximately ______per month, (excluding insurance, points, appraisals, property reports, etc., which may or may not be part of your loan, but including finance charges/interest based on the terms of this contract). NOTICE TO OWNER A. Do not sign this home improvement contract in blank.
 B. You are entitled to a copy of the contract at the time you sign. Keep it to protect your legal rights.
 C. This home improvement contract may contain a mortgage or otherwise create a lien on your property that could be foreclosed on if you fail to pay. Be sure you understand all provisions of the contract before you sign.
 D.This contract is subject to review and approval by management of Window Supply Inc. and Is not valid until approved. CONSTRUCTION INDUSTRIES RECOVERY FUND Payment may be available from the Construction Industries Recovery Fund if you lose money on a project performed under contract, where the loss results from specified violations of Florida Law by a State-Licensed Contractor. For information about the recovery fund and filing claim, contact: Florida Construction Industry Licensing Board c/o 1940 North Monroe St. Tallahassee, FL 32399-0783 (904) 727-6530. ACCEPTANCE - The prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above. NOTICE OF RIGHT TO CANCEL CONTRACT You the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right. Co-Buyer Chan II Hausso 7-23-07 BUYER-ACKNOWLEDGES-RECEIPT-OPTHIS-CONTRACT-IMMEDIATELY-UPON THE-EXECUTION HEREOF. FLORIDA CONTRACTORS LICENSE # CR-C001864

NO VERBAL AGREEMENTS WILL BE HONORED. ITEMS ORDERED MUST BE ON CONTRACT
This is a legally binding contract. If not fully understood seek competent advice.

Comraci ana Agreemem

6	CONTRACT AMOUNT 24,480 00
10. 100	DOWN PAYMENT \$5000 00
WINDOW SUPPLY, INC.	AMOUNT OF CONSOLIDATION
P.O. Box 830157	TOTAL BALANCEDATE
Ocala, FL 34483-0157 Phone: (352) 694-2580 • (3	52) 694-6939 • Toll Free (800) 897-2637
I/Wa the owner(s) of the premises mentioned below, hereby engage	and hire you as contractor, to furnish and install all necessary praierials and labor, to g specifications, terms and conditions, on and in the premises below described which
OWNER'S NAME(S) ANTHON ZENKOWSKI,	Christina MaritiS PHONE
ADDRESS 119 HONGELY G+ SILU CITY	STATE FT ZIP
DESCRIPTION OF WORK TO BE DONE AND MATERIALS TO BE	USED:
1) Taistall commels to Solar shield 1	repl Rousing Sentem alouding barrier
298A. Add Plashing whi	ere roof ments count .
2 Calor to be Galley Blue	
O MAINE CO BC GATTAGE ATTAC	
3) 3 sheets 4x8 plagwood for	danged AREAS - ZR Add tingl
Speck @ \$ 100.	
	X
D RELOOT All plumbing wents	
5) Payment in full they ug	me completien of job.
6) all job Related de bous to be de	and Each day & at completion of
ps.	
Contractor has public liability insurance. All sub-contractors have certificat	e of insurance or certificate of exemption at the time the services are rendered.
goods and services which are to be full pished or used in the moder	r(s) (jointly and severally, if more than one) agrees to purchase the above described nization, rehabilitation, repair, alteration or improvement of real property located at the right to assign this contract to another Licensed Contractor at it's discretion.
APPROXIMATE START DATE	APPROXIMATE COMPLETION DATE Y-3 7 5
	DAN PROPOSAL ry to cover the price under this agreement. If seller is unable to arrange such a loan,
Because of the large number of sources where seller may arrange cost, it is impossible to turnish a full disclosure statement as require or exother financial sorrice, if the huwer(s) should request the selle	such a loan and because each of them has various methods of computing the loan d by law, until such time as seller is able to obtain an "Agreement to Loag" from one r to arrange a loan, a full disclosure statement will be furnished immediately upon ther financial source is customarily secured by mortgage of real estate.
but including finance charges/interest based on the terms of this con-	oints, appraisals, property reports, etc., which may or may not be part of your load,
A. Do not sign this home improvement contract in blank.	
D. This contract is subject to review and approval by management of	erwise create a lien on your property that could be foreclosed on if you fail to pay.
Payment may be available from the Construction Industries Recovery	Fund if you lose money on a project performed under contract, where the loss results contractor. For information about the recovery fund and filing claim, contact:
Florida Construction Industry Licensing Board c/o 1940 North Monro ACCEPTANCE - The prices, specifications and conditions are sati	e St. Tallahassee, FL 32399-0783 (904) 727-6530. stactory and are hereby accepted. You are authorized to do the work as specified.
Payment will be made as outlined above.	GHT TO CANCEL CONTRACT
You the buyer, may cancel this transaction at any time prior to attached notice of cancellation form for an explanation of this ri	midnight of the third business day after the date of this transaction. See the
1 11/1 241	Buyer Michael Bukouske Date 7-16-07
	CONTRACT IMMEDIATELY UPON THE EXECUTION HEREOF.
FLORIDA CONTRA	ACTORS LICENSE # CR-C001864

NO VERBAL AGREEMENTS WILL BE HONORED. ITEMS ORDERED MUST BE ON CONTRACT
This is a legally binding contract. If not fully understood seek competent advice.

Rev 05/0

Client#: 15279 WINDSUP

AC	CERTIFI	CATE OF LIA	ABILITY	INSURA	NCE	DATE (MM/DD/YYYY) 11/08/06	
HRH of P.O. Bo			THIS CE ONLY AI HOLDER	RTIFICATE IS ISS ND CONFERS NO R. THIS CERTIFIC	SUED AS A MATTER OF INI RIGHTS UPON THE CERT ATE DOES NOT AMEND, E AFFORDED BY THE POLIC	FORMATION IFICATE XTEND OR	
Savanr	nah, GA 31412	<i>2</i> :	INSURERS	AFFORDING CO	OVERAGE	NAIC#	
INSURED	Window County Inc.		INSURER A	Landmark Ame	rican Ins. Co		
	Window Supply, Inc. PO Box 830157		INSURER B:	Bridgefield Cas	ualty through Summitt	10335	
	Ocala, FL 34483		INSURER C:	INSURER C: Safeco Insurance Company			
	Ocala, FL 34463		INSURER D	INSURER D:			
			INSURER E:				
ANY RI MAY PI POLICI	DLICIES OF INSURANCE LISTED BELC EQUIREMENT, TERM OR CONDITION I ERTAIN, THE INSURANCE AFFORDED IES. AGGREGATE LIMITS SHOWN MA	OF ANY CONTRACT OR OTHER BY THE POLICIES DESCRIBED	R DOCUMENT WITH RE DHEREIN IS SUBJECT	SPECT TO WHICH	THIS CERTIFICATE MAY BE IS:	SUED OR	
NSR ADD' LTR INSRI	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/Y)	POLICY EXPIRATION DATE (MM/DD/Y	ION LIMIT	S	
A	GENERAL LIABILITY	LHA104611	11/01/06	11/01/07	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000	
	CLAIMS MADE X OCCUR			29	MED EXP (Any one person)	s	
	X BI/PD Ded:5,000				PERSONAL & ADV INJURY	\$1,000,000	
					GENERAL AGGREGATE	\$2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC				PRODUCTS - COMP/OP AGG	\$2,000,000	
С	POLICY JECT LOC AUTOMOBILE LIABILITY X ANY AUTO	01CH30818210	11/01/06	11/01/07	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	s	
	X HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	s	
					PROPERTY DAMAGE (Per accident)	\$	
- 1	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN EA ACC	s ·	
					AUTO ONLY: AGG	s	
-	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
	OCCUR CLAIMS MADE				AGGREGATE	\$	
	— s					\$	
	DEDUCTIBLE					\$	
_	RETENTION \$	00001=10			WC STATUL OTH-	\$	
	RKERS COMPENSATION AND PLOYERS' LIABILITY	83034542	08/01/06	0 6/01/07	WC STATU- OTH- TORY LIMITS ER	400.000	
ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	s100,000	
If yes	s, describe under		į		E.L. DISEASE - EA EMPLOYEE		
OTH	CIAL PROVISIONS below IER				E.L. DISEASE - POLICY LIMIT	s500,000	
					114		
DESCRIPT	ION OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY EN	DORSEMENT / SPECIAL P	ROVISIONS			
Qualifier Name: H J McDonald, Jr. State License Number CRC001864							
CERTIFI	ICATE HOLDER		CANCELLA	ATION		·	
			EE EE F		RIBED POLICIES BE CANCELLED R	EFORE THE EXPIRATION	
	Columbia County Bldg D	ept		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL			
	35 N Hernando Street	•	1	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL			
Lake City, FL 32055				IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.			
				REPRESENTATIVE	^		
			B.7.	taky 1	laver		

4	AC	ORD CERTIFIC	CATE OF LIABIL	ITY INS	URANCI	E	DATE (MM/DD/YYYY) 06/05/2007	
Lo:	SSING 24 SE	(352)732-4550 F Insurance Agency, Inc. Inth Avenue	FAX (352)732-0132	THIS CER' ONLY AND	TIFICATE IS ISSU CONFERS NO THIS CERTIFICA	UED AS A MATTER OF RIGHTS UPON THE CE TE DOES NOT AMEND FFORDED BY THE POL	RTIFICATE . EXTEND OR	
0 c	ala.	FL 34471		INSURERS	AFFORDING CO	VERAGE	NAIC#	
INSURED Window Supply Inc		INSURER A: Br	idgefield Emplo	oyers Ins Co				
		DBA: National Homecraft		INSURER B:				
		PO Box 830157		INSURER C:				
	- (Ocala, FL 34484		INSURER D:			9	
_				INSURER E:	·································		1	
T A N P	HE PO NY RE IAY PE OLICIE	AGES DLICIES OF INSURANCE LISTED BEI QUIREMENT, TERM OR CONDITION ERTAIN, THE INSURANCE AFFORDE ES. AGGREGATE LIMITS SHOWN M.	N OF ANY CONTRACT OR OTHER D ED BY THE POLICIES DESCRIBED H AY HAVE BEEN REDUCED BY PAID	OCUMENT WITH EREIN IS SUBJEC CLAIMS.	RESPECT TO WHIC CT TO ALL THE TER	CH THIS CERTIFICATE MAY RMS, EXCLUSIONS AND CO	BE ISSUED OR INDITIONS OF SUCH	
LTR	ADD'L NSRD		POLICY NUMBER	DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)		\$	
		GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED	\$	
		CLAIMS MADE OCCUR				PREMISES (Ea occurence)	\$	
		OCCUR				, , , , , ,	\$	
					[\$	
		GEN'L AGGREGATE LIMIT APPLIES PER:					\$	
		POLICY JECT LOC AUTOMOBILE LIABILITY						
		ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$	
		ALL OWNED AUTOS SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
		HIRED AUTOS NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
		ANY AUTO				UIHER THAN	\$	
		EXCECUMENTE LA LIABILITY				AGG	\$ \$	
		OCCUR CLAIMS MADE					\$	
		JOCOBIN GENINO WASE					\$	
		DEDUCTIBLE					\$	
		RETENTION \$					\$	
		KERS COMPENSATION AND	0830-34542	06/01/2007	06/01/2008	X WC STATU- OTH- TORY LIMITS ER		
Α		OYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE					s 100,000	
^	OFFIC	CER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE		
	SPEC	describe under IAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	s 500,000	
	OTHE							
DES	CRIPTIC	ON OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDORSE	MENT / SPECIAL PRO	VISIONS			
		er: H J McDonald Jr						
License #: CRC001864								
CF	CERTIFICATE HOLDER CANCELLATION							
		OATE HOLDEN				RIBED POLICIES BE CANCELLE	D BEFORE THE	
				EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL				
				10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,				
Columbia County Building Department PO Box 1529 Lake City, FL 32056-1529			BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY					
			OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENT THVES.					
		,		Kim Sheffie	Id A293346	Mr Meffel	WO	
						/@ACOPh/CO	RPORATION 1988	

ACORD 25 (2001/08)

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

MC DONALD, H J JR WINDOW SUPPLY INC POST OFFICE BOX 830157 FL 34483-0157 OCALA



AC# 2637958 STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CRC001864

06/29/06 050813342

CERTIFIED RESIDENTIAL CONTRACTOR MC DONALD; H-J JR WINDOW SUPPLY INC

IS CEFTIFIED under the provisions of Ch. 489 FS. 1,06062900942 Expiration date: AUG 31, 2008

DETACH HERE

2637958

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION SEQ#L06062900942 CONSTRUCTION INDUSTRY LICENSING BOARD

DATE BATCH NUMBER LICENSE NBR

CRC001864 06/29/2006 050813342

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

MC DONALD, H J JR WINDOW SUPPLY INC 4441 SE 53RD AVENUE OCALA

FL 34480

SIMONE MARSTILLER

Prepared By: Mary Halloran Window Supply, Inc. D/B/A National HomeCraft Post Office Box 830157 Ocala, FL 34483-0157

Tax Folio/Parcel ID: 15-43-16-03023-107 HX DW VX

County: Columbia NOTICE OF CC	MMENCEMENT
State: FL	
The undersigned hereby gives notice that improvement with Chapter 713, Florida Statutes, the following information of the control of the cont	nation is provided in the Notice of Commencement:
1. Description of property: LOTT Callacting SIC UND WOO - 1744 2. General description of improvement: He fact Rest (> Un.+1 02B 819-193, 830-2347, 897-851
3. Titleholder Name: Chartina Hauts A	ddress: 119 Su Hancocket
City: Lake City State:	77 zip Code: 32024
	Inst:200712018599 Date:8/16/2007 Time:11:26 AM OC.P.DeWitt Cason Columbia County Page 1 of 1
5. Surety: Not Applicable	DC,F.Devviit Cason ,Columbia County Fage 1 Ci 1
6. Lender Name: Not Applicable	The Control of the Co
7. Persons within the State of Florida designated by Owne as provided by Section 713.13(1)(a) 7, Florida Statutes:	er upon whom notices or other documents may be served
8. In addition to him/herself, Owner designates the following provided in Section 713.13(1)(b), Florida Statutes:	ng person(s) to receive a copy of the Lienor's Notice as
Expiration date of Notice of Commencement:	M
Signature of Owner	Date:
Christina Haubs	Date: 7-16- 07
STATE OF FLORIDA	
County of Calumbia	•
The foregoing instrument was acknowledged before thony 2000000000000000000000000000000000000	me this, 20, by) who is known personally to me or who has produced ion.
Printed Name D 686 21 7 Commission Number	JERRY WHITE MY COMMISSION # DD886717 EXPIRES June 18, 2011 (407) 398-0153 FloridaNotaryService.com
G-/8 - //	(Seal)



P. O. Box 830157 ~ Ocala, Florida 34483 352-694-2580 ~ fax 352-694-6939

Date:

7/17/2007

License Holder:

H.J. McDonald Jr.

State License Number:

CR-C001864

Marion County License Number:

SCC454

I, <u>H.J. McDonald Jr.</u>, do hereby name the following person who works for Window Supply, Inc. d/b/a National HomeCraft to be my lawful agent in fact to do all things necessary to obtain permits in the <u>Columbia County</u> Florida.

Name

Signature

Thoma, Adair

Authorization is good for one (1) year from the above date. Any other authorization that was given is here by null and void.

HI McDonald Ir

Subscribed before me this $\underline{7/17/2007}$, by $\underline{H_{\bullet \downarrow}}$. McDonald Jr. who is personally known to me and did not

take an oath.

Notary Public

State Of Elerida At Large

MARY JUNE HALLORAN
MY COMMISSION # DD 288761
EXPIRES: March 6, 2008
Bonded Thru Notary Public Underwriters