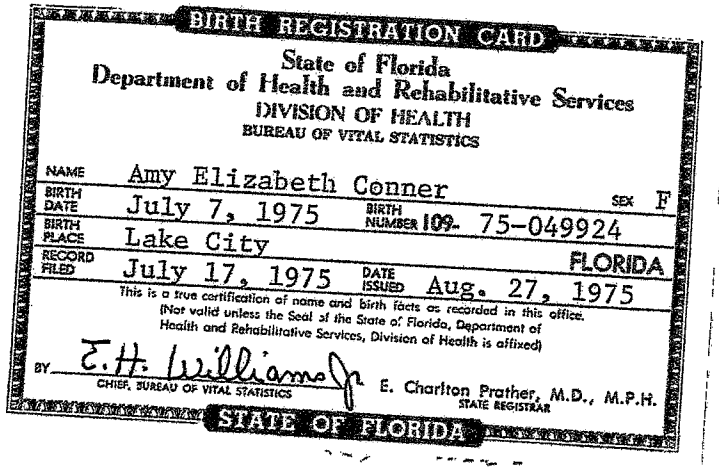


BIRTH REGISTRATION CARD

State of Florida
Department of Health and Rehabilitative Services
DIVISION OF HEALTH
BUREAU OF VITAL STATISTICS

NAME: Amy Elizabeth Conner SEX: F
BIRTH DATE: July 7, 1975 BIRTH NUMBER 109- 75-049924
BIRTH PLACE: Lake City FLORIDA
RECORD FILED: July 17, 1975 DATE ISSUED: Aug. 27, 1975

This is a true certification of name and birth facts as recorded in this office.
(Not valid unless the Seal of the State of Florida, Department of Health and Rehabilitative Services, Division of Health is affixed)

BY E. H. Williams Jr
CHIEF, BUREAU OF VITAL STATISTICS

E. Charlton Prather, M.D., M.P.H.
STATE REGISTRAR

STATE OF FLORIDA

(SEE INSTRUCTIONS REVERSE SIDE)

Department of Health and Rehabilitative Services
DIVISION OF HEALTH
BUREAU OF VITAL STATISTICS

REQUEST FOR AMENDMENT TO BIRTH RECORD
FLORIDA

Enter Correct Information Concerning Person Whose Birth Record Is Being Amended

REGISTRANT'S FULL NAME AT BIRTH: AMY ELIZABETH CONNER

STATE FILE OR BIRTH NUMBER: 109-75-049924

BIRTH DATE: MONTH 7 DAY 7 YEAR 75

BIRTH PLACE: CITY LAKE CITY COUNTY COLUMBIA

REGISTRAR'S NO.

ITEMS TO BE AMENDED OR CORRECTED

ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
INFORMANT	WANDA H. CASON	WANDA H. CONNER

SIGNATURE

I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:

SIGNATURE OF PARENT (OR OTHER): Wanda H. Conner

RELATIONSHIP: Mother

DATE FILED BY BUREAU OF VITAL STATISTICS

CHIEF, BUREAU OF VITAL STATISTICS

BY

VS #668
REV. (3/70)

MARRIAGE RECORD
FLORIDA

APPLICATION NO. 207404

APPLICATION TO MARRY

GROOM DATA

1 GROOM'S NAME (First Middle, Last): Frank nmn Gasparrini

2 DATE OF BIRTH (Month, Day, Year): 5-25-73

3a RESIDENCE CITY TOWN OR LOCATION: Lake City

3b COUNTY: Columbia

3c STATE: Florida

4 BIRTHPLACE (State or Foreign Country): Florida

BRIDE DATA

5a BRIDE'S NAME (First Middle Last): Amy Elizabeth Conner

5b MAIDEN SURNAME (If different):

6 DATE OF BIRTH (Month Day, Year): 7-7-75

7a RESIDENCE CITY TOWN OR LOCATION: Lake City

7b COUNTY: Columbia

7c STATE: Florida

8 BIRTHPLACE (State or Foreign Country): Florida

AFFIDAVIT AND SIGNATURE

WE THE APPLICANTS NAMED IN THIS CERTIFICATE EACH FOR HIMSELF STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9 GROOM'S SIGNATURE (Sign full name): [signature]

13 BRIDE'S SIGNATURE (Sign full name): ▶ Amy Elizabeth Conner

10 SUBSCRIBED AND SWORN TO BEFORE ME ON: 4-14-97

11 TITLE OF ISSUING OFFICIAL: P. DeWitt Cason

14 SUBSCRIBED AND SWORN TO BEFORE ME ON: 4-14-97

15 TITLE OF ISSUING OFFICIAL: P. DeWitt Cason

12 SIGNATURE OF ISSUING OFFICIAL: Clerk [signature] D C

16 SIGNATURE OF ISSUING OFFICIAL: Clerk [signature] D C

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS.

17 DATE LICENSE ISSUED: 4-14-97

18 EXPIRATION DATE: 6-13-97

THIS LICENSE MUST BE USED ON OR BEFORE THE ABOVE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

19a SIGNATURE OF PERSON ISSUING LICENSE: [signature]

19b BY D C: [signature]

19c TITLE: Clerk of Circuit Court

20 COUNTY: Columbia

25 DATE RETURNED: 4-14-97

26 RECORDED IN BOOK 837 PAGE 2249

27 CLERK OF COURT: P. DeWitt Cason

CERTIFICATE OF MARRIAGE

21 I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA ON 4-14-97 (DATE (month, day, year)) AT Lake City (CITY OR TOWN) FLORIDA

22a SIGNATURE OF PERSON PERFORMING CEREMONY: [signature]

22b. NAME OF PERSON PERFORMING CEREMONY (TYPE OR PRINT): Mari K. Greene

22c TITLE: Deputy Clerk of Circuit Court

22d ADDRESS: P.O.Box 2069, Lake City, Florida 32056

23 SIGNATURE OF WITNESS TO CEREMONY: [signature]

24 SIGNATURE OF WITNESS TO CEREMONY: [signature] III

INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.

FILED FOR RECORD 4:14 APR 14 1997

LICENSE TO MARRY

RECORDED 97 05 05 1

OFFICIAL RECORDS BK 0837 PG 2249

HRS Form 743 Feb 91
(Replaces Jan 89 edition which may be used)

This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

AUDIT CONTROL NO. 119527

31826

To whom it may concern, I would like to close permit # 31826 for interior completion. Was doing an owner/builder, I am now working with bank & contractor. The Contractor will be asking for permit in the future.

Thank you
Frank Gasparrini

18/Aug/15

LAURIE HODSON
MY COMMISSION # EE 214728
EXPIRES July 14, 2016
Bonded Thru Notary Public Underwriters

Signed by Frank Gasparrini on 8-18-15, who is personally known by me.

Notary - Laurie Hodson

This Permit is completed through A/C. Need these Inspections to complete the entire house construction.

Plumbing
Electical
Framing
Insulation
Perm. Power
Final

These have been done partially per TC. Add as one Inspection.

That means 4 Inspection left.

Permit Details

Permit Information

Permit #: 000031826 **Septic #:** 12-0466
Issued: Friday, March 21, 2014
Permit Type: INTERIOR COMPLETION
Subdivision:
Parcel #: 19-5S-17-09290-011
Owner: FRANK GASPARRINI IV
Address: 451 SW WILDWOOD CT LAKE CITY FL 32024
Zoning: AG-3
Flood Zone: X

Contractor Information

Contractor: FRANK GASPARRINI IV
Address: 449 SW WILDWOOD CT LAKE CITY FL 32024
License: OWNER

Notes:
SPECIAL FAMILY LOT 12-08 APPROVED 12/20/12, NOC ON FILE
ORIGINAL PERMIT FOR SHELL 30689, PLANS MOVED TO THIS PERMIT FOLDER
SHELL COMPLETED
Inspection Notes:
PARTIAL FRAMING 09 29 14-TC & 3/3/15-TC

Inspection Log Documents

	File Name	Size
	Permit-31826.pdf	737.95kB

7.27.15

Close Window

CALL FRANK
386. 697. 6152

WANTS to CLOSE OUT PERMIT
GET CONTRACTOR to FINISH...

GOING THRU BANK & NEED MORE FUNDING
Spoke to frank
8-14-15

To whom it may concern 386-697-6152

Metal Building has been put up and windows + doors installed. Cost to finish project $40,000.00

Frank Gasparrini
3/12/14

VULCAN
STEEL STRUCTURES, INC.

DATE: 10/30/12

FRANK GASPARINI
Re: JOB NO. 21741
BUILDING SIZE:
WIDTH : 45 ft.
LENGTH : 40 ft.
EAVE HT : 18 ft.

JOBSITE : LAKE CITY FL 32024

To Whom It May Concern:

This is to certify that the above referenced building is designed in accordance with the order documentation, the latest edition of the American Institute of Steel Construction (AISC) "Manual of Steel Construction" and the latest Edition of American Iron and Steel Institute (AISI) " Cold Formed Steel Design Manual. "The basic loads of the subject building meet or exceed the minimum county climatic data as published in the latest edition of the MBMA " Low Rise Building Systems Manual ".

The criteria for application of design loads are follows
Governing Code : IBC 12 (with 06 Amendments)
Occupancy Category : II - Normal
Roof Dead Load : 2.000 psf plus wt. of metal bldg structure

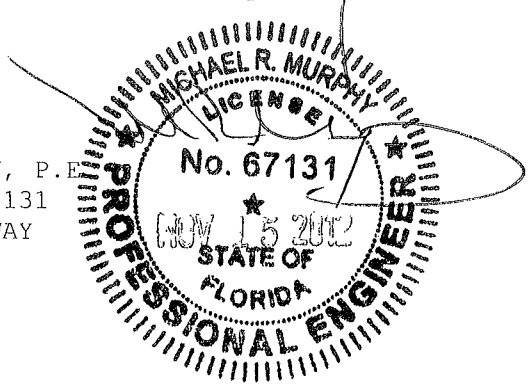
Live Load based on the tributary area :

0 - 200 sq. ft.....20 psf
201 - 600 sq. ft.....See Sec 4.9.1 of ASCE 7
over 600 sq. ft.....12 psf

Collateral Load	: 2 psf	Snow Exp. Fac	: 1.00
Wind Load (3 sec gust)	: 120 mph	Snow Imp. Fac.	: 1.0000
Enclosure Type	: Closed	Seismic Imp. Fact.	: 1.00
Wind Exp Cat	: B	Designed Spec Acc. Parameter "Sds"	: 0.1291
Wind Imp. Factor	: 1.00	Designed Spec. Acc. Parameter "Sd1"	: 0.0848
Ground Snow Load	: 0.0000 psf	Mapped Spec. Response Acc. "Ss"	:0.1210
Roof Snow Load	: 0 psf	Mapped Spec. Response Acc. "S1"	:0.0530
		Response Modification Factor: 3.5	

This Letter of Certification applies solely to the building and its component parts as furnished by the Metal Building Manufacturer. Doors, windows and louvers are not structural components of the building. It is the responsibility of the owner to determine if wind lock accessories are supplied if required. Certification specifically excludes any foundation, masonry, or general contract work

Sincerely,



MICHAEL R MURPHY, P.E.
FLORIDA P.E.# 67131
500 VULCAN PARKWAY
ADEL, GA 31620