

DATE 01/07/2011

**Columbia County Building Permit**  
This Permit Must Be Prominently Posted on Premises During Construction**PERMIT**  
000029122

APPLICANT SHERI TOLKKINEN PHONE 352-283-2030  
ADDRESS 4365 OKEECHOBEE BLVD B10 WEST PALM BEACH FL 33409  
OWNER UMESH & SHILPA MHATRE PHONE 386-344-9934  
ADDRESS 213 SW BROTHERS LN LAKE CITY FL 3205  
CONTRACTOR STEPHEN MALLEK PHONE 561-722-5988  
LOCATION OF PROPERTY SOUTH ON 341, L BROTHERS LN, 1ST PROPERTY ON LEFT  
PAST THE RUNWAY  
TYPE DEVELOPMENT RE-ROOF SFD ESTIMATED COST OF CONSTRUCTION 6000.00  
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES  
FOUNDATION WALLS ROOF PITCH 7/12 FLOOR  
LAND USE & ZONING MAX. HEIGHT 35  
Minimum Set Back Requirments: STREET-FRONT REAR SIDE  
NO. EX.D.U. 1 FLOOD ZONE NA DEVELOPMENT PERMIT NO.

PARCEL ID 12-4S-16-02941-006 SUBDIVISION  
LOT BLOCK PHASE UNIT TOTAL ACRES  
CCC1327323  
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor  
EXISTING NA LH N  
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident  
COMMENTS: NOC ON FILE

Check # or Cash 383**FOR BUILDING & ZONING DEPARTMENT ONLY**

(footer/Slab)

Temporary Power Foundation Monolithic  
date/app. by date/app. by date/app. by  
Under slab rough-in plumbing Slab Sheathing/Nailing  
date/app. by date/app. by date/app. by  
Framing Insulation  
date/app. by date/app. by  
Rough-in plumbing above slab and below wood floor Electrical rough-in  
date/app. by date/app. by  
Heat & Air Duct Peri. beam (Lintel) Pool  
date/app. by date/app. by date/app. by  
Permanent power C.O. Final Culvert  
date/app. by date/app. by date/app. by  
Pump pole Utility Pole M/H tie downs, blocking, electricity and plumbing  
date/app. by date/app. by date/app. by  
Reconnection RV Re-roof  
date/app. by date/app. by date/app. by

BUILDING PERMIT FEE \$ 30.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00  
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ FIRE FEE \$ 0.00 WASTE FEE \$  
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ CULVERT FEE \$ **TOTAL FEE** 30.00  
INSPECTORS OFFICE Li H CLERKS OFFICE CH

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."

EVERY PERMIT ISSUED SHALL BECOME INVALID UNLESS THE WORK AUTHORIZED BY SUCH PERMIT IS COMMENCED WITHIN 180 DAYS AFTER ITS ISSUANCE, OR IF THE WORK AUTHORIZED BY SUCH PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AFTER THE TIME THE WORK IS COMMENCED. A VALID PERMIT RECEIVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECEIVED AN APPROVED INSPECTION WITHIN 180 DAYS OF THE PREVIOUS INSPECTION.

**The Issuance of this Permit Does Not Waive Compliance by Permittee with Deed Restrictions.**



## Columbia County Building Permit Application

clt#

For Office Use Only	Application #	1101-10	Date Received	1-7-11	By	UH	Permit #	29122
Zoning Official	Date	Flood Zone	Land Use	Zoning				
FEMA Map #	Elevation	MFE	River	Plans Examiner	Date			
Comments								
<input checked="" type="checkbox"/> NOC <input type="checkbox"/> EH <input checked="" type="checkbox"/> Deed or PA <input type="checkbox"/> Site Plan <input type="checkbox"/> State Road Info <input type="checkbox"/> Parent Parcel #								
<input type="checkbox"/> Dev Permit # <input type="checkbox"/> In Floodway <input type="checkbox"/> Letter of Auth. from Contractor <input type="checkbox"/> F W Comp. letter								
IMPACT FEES: EMS Fire Corr Road/Code								
School = TOTAL								

Septic Permit No. N/A FaxName Authorized Person Signing Permit Sheri Tolkkinen Phone 561-722-5988Address 4365 OKEECHOBEE BLVD. B10 WEST PALM BEACH FL 33409Owners Name Umesh & Shilpa Mhatre Phone 386-344-9934911 Address 213 SW Brothers Lane, Lake City FL 32025Contractors Name CJM ROOFING INC. Phone 561-722-5988Address 4365 OKEECHOBEE BLVD. B10 WEST PALM BEACH FL 33409Fee Simple Owner Name & Address N/ABonding Co. Name & Address N/AArchitect/Engineer Name & Address N/AMortgage Lenders Name & Address N/ACircle the correct power company - FL Power & Light - Clay Elec. - Suwannee Valley Elec. - Progress EnergyProperty ID Number 12-45-16-02941-006 Estimated Cost of Construction 6000.00

Subdivision Name Lot Block Unit Phase

Driving Directions 341 S, (L) SW Brothers LN, 2nd drive on  
on left (1st property after Runway)Number of Existing Dwellings on Property 1Construction of N/A Re-Roof SFD Total Acreage Lot Size

Do you need a - Culvert Permit or Culvert Waiver or Have an Existing Drive Total Building Height

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

Number of Stories Heated Floor Area Total 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.



## Columbia County Building Permit Application

**TIME LIMITATIONS OF APPLICATION:** An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

**TIME LIMITATIONS OF PERMITS:** Every permit issued shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 180 days after the time work is commenced. A valid permit receives an approved inspection every 180 days. Work shall be considered not suspended, abandoned or invalid when the permit has received an approved inspection within 180 days of the previous approved inspection.

**FLORIDA'S CONSTRUCTION LIEN LAW: Protect Yourself and Your Investment:** According to Florida Law, those who work on your property or provide materials, and are not paid-in-full, have a right to enforce their claim for payment against your property. This claim is known as a construction lien. If your contractor fails to pay subcontractors or material suppliers or neglects to make other legally required payments, the people who are owed money may look to your property for payment, even if you have paid your contractor in full. This means if a lien is filed against your property, it could be sold against your will to pay for labor, materials or other services which your contractor may have failed to pay.

**NOTICE OF RESPONSIBILITY TO BUILDING PERMITEE:** **YOU ARE HEREBY NOTIFIED** as the recipient of a building permit from Columbia County, Florida, you will be held responsible to the County for any damage to sidewalks and/or road curbs and gutters, concrete features and structures, together with damage to drainage facilities, removal of sod, major changes to lot grades that result in ponding of water, or other damage to roadway and other public infrastructure facilities caused by you or your contractor, subcontractors, agents or representatives in the construction and/or improvement of the building and lot for which this permit is issued. No certificate of occupancy will be issued until all corrective work to these public infrastructures and facilities has been corrected.

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

**OWNERS CERTIFICATION:** I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING.

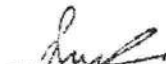
**NOTICE TO OWNER:** There are some properties that may have deed restrictions recorded upon them. These restrictions may limit or prohibit the work applied for in your building permit. It may be to your advantage to check and see if your property is encumbered by any restrictions.

(Owners Must Sign All Applications Before Permit Issuance.)

  
Owners Signature

**\*\*OWNER BUILDERS MUST PERSONALLY APPEAR AND SIGN THE BUILDING PERMIT.**

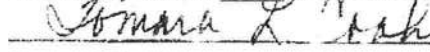
**CONTRACTORS AFFIDAVIT:** By my signature I understand and agree that I have informed and provided this written statement to the owner of all the above written responsibilities in Columbia County for obtaining this Building Permit including all application and permit time limitations.

  
Contractor's Signature (Permittee)

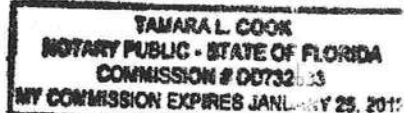
*Contractor verified per phone call*  
Contractor's License Number CCC1327323  
Columbia County  
Competency Card Number 816

Affirmed under penalty of perjury to be by the Contractor and subscribed before me this 30th day of NOVEMBER 20 10.

Personally known ☒ Produced Identification IN PERSON

  
State of Florida Notary Signature (For the Contractor)

SEAL:



**Columbia County Property  
Appraiser**

DB Last Updated: 11/4/2010

**2010 Tax Year****Parcel: 12-4S-16-02941-006**

&lt;&lt; Next Lower Parcel Next Higher Parcel &gt;&gt;

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

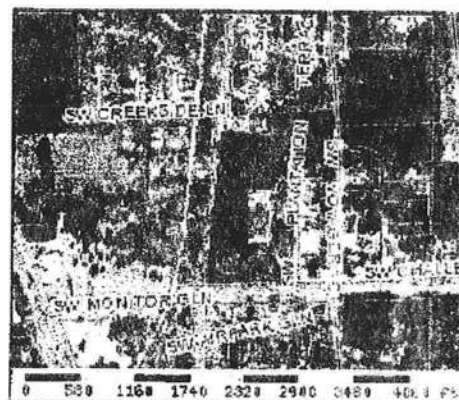
Interactive GIS Map

Print

**Owner & Property Info**

&lt;&lt; Prev Search Result: 5 of 16 Next &gt;&gt;

Owner's Name	MHATRE UMESH M		
Mailing Address	165 SW VISION GLN LAKE CITY, FL 32025		
Site Address	213 SW BROTHERS LN		
Use Desc. (code)	IMPROVED A (005000)		
Tax District	2 (County)	Neighborhood	12416
Land Area	13.160 ACRES	Market Area	05
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction.  COMM NW COR OF SW 1/4 OF SE 1/4, RUN E 194.78 FT FOR POB, RUN N 1308.22 FT E 200 FT NE 74 TO CUL-DE-SAC, N ALONG SAID CUL-DE-SAC 73.22 FT SE 193.41 FT NE 27.53 FT S 643.17 FT W 289 FT S 1049.32 FT W 289 FT N 60 FT W 84.84 FT NE 313.43 FT TO POB, EX. 73 AC DESC 649-432, & EX. 36 AC DESC 637-520 EX 60 FT OFF S SIDE FOR COUNTY RD DESC CRB 447-370, 743-191 WD 1169-1254		

**Property & Assessment Values**

2010 Certified Values		
Wkt Land Value	cnt: (1)	\$74,587.00
Ag Land Value	cnt: (1)	\$2,557.00
Building Value	cnt: (1)	\$198,316.00
XFOB Value	cnt: (5)	\$39,708.00
Total Appraised Value		\$315,168.00
Jus: Value		\$431,973.00
Class Value		\$315,168.00
Assessed Value		\$315,168.00
Exempt Value		\$0.00
Total Taxable Value	City: \$315,168 Other: \$315,168   Schl:	\$315,168

**2011 Working Values**

**NOTE:**  
2011 Working Values are NOT certified values and therefore are subject to change before being finalized for ad valorem assessment purposes.

[Show Working Values](#)**Sales History**[Show Similar Sales within 1/2 mile](#)

Sale Date	OR Book/Page	OR Code	Vacant / Improved	Qualified Sale	Sale RCode	Sale Price
10/14/2008	1160/1254	WD	I	U	01	\$100.00
8/1/1982	523/350	AD	V	Q		\$12,000.00

**Building Characteristics**

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	SINGLE FAM (000100)	1984	ABOVE AVG. (10)	4220	5073	\$198,316.00
Note: All S.F. calculations are based on exterior building dimensions.						

**Extra Features & Out Buildings**

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0180	FPLC 1STRY	1984	\$2,000.00	0000001.000	0 x 0 x 0	(000.00)



1-14-11  
Sheetmetal inspection  
Permit # 000029122  
Estimated sheet  
with prod approv code on it.  
Fax to Lori  
386-758-2160

561-722-5988 690629  
352-283-2027 ✓ Check  
DATE 12-28-10

NAME		CJM	
ADDRESS		ROOFING	
CITY, STATE, ZIP		ORDER NO.	
SOLD BY	CASH	C.O.D.	CHARGE
ON ACCT.	MOSE. RETD.	PAID OUT	
QUAN.	DESCRIPTION	PRICE	AMOUNT
1			
2	Estimate For		
3	Re Roof		
4		6,000.00	
5			
6			
7	Tear off &		
8	Apply Shingles		
9			
10			
11			
12	PROD OF APPROV.		
13	ASTMD 3018		
14			
RECEIVED BY		TAX	
		TOTAL	



**COLUMBIA COUNTY BUILDING DEPARTMENT  
LETTER OF AUTHORIZATION TO SIGN FOR PERMITS  
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055  
Phone: 386-758-1008 Fax: 386-758-2160**

I, STEVE MALLEK (license holder name), licensed qualifier  
for CJM ROOFING INC. (company name), do certify that

the below referenced person(s) listed on this form is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections, and sign on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. OWEN TOLKKINEN	1.
2. SHERI TOLKKINEN	2.
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

License Holders Signature (Notarized)      CCC1327323      1-28-10  
License Number      Date

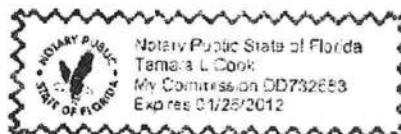
**NOTARY INFORMATION:**

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is STEVE MALLEK  
personally appeared before me and is known by me or has produced identification  
(type of I.D.) in person on this 28 day of JANUARY, 20 10.

NOTARY'S SIGNATURE

(Seal/Stamp)



Nov 30 10:06:14p

CJM ROOFING

5612429366

5

Inst 201112000352 Date: 1/7/2011 Time: 3:50 PM  
DC, P DeWitt Cason Columbia County Page 1 of 1 B:1207 P:2534

**NOTICE OF COMMENCEMENT**

County Clerk's Office Stamp or Seal

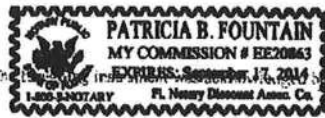
Tax Parcel Identification Number 12-45-16-02941-006

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.

1. Description of property (legal description):  
a) Street (job) Address: 213 S.W. Brothers Ln. Lakeland, FL 32025
2. General description of improvements: Roofs
3. Owner Information:  
a) Name and address: MHATRE, UMESH 213 S.W. Brothers Ln. L.C. FL 32025  
b) Name and address of fee simple titleholder (if other than owner): N/A  
c) Interest in property: Owner
4. Contractor Information:  
a) Name and address: CJM Roofing, Inc. 4365 Okeechobee Blvd B-10 WPB FL 33409  
b) Telephone No.: \_\_\_\_\_ Fax No. (Opt.): 561-242-9366
5. Surety Information:  
a) Name and address: N/A  
b) Amount of Bond: \_\_\_\_\_  
c) Telephone No.: \_\_\_\_\_ Fax No. (Opt.): \_\_\_\_\_
6. Lender:  
a) Name and address: N/A  
b) Phone No.: \_\_\_\_\_
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:  
a) Name and address: \_\_\_\_\_  
b) Telephone No.: \_\_\_\_\_ Fax No. (Opt.): \_\_\_\_\_
8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:  
a) Name and address: \_\_\_\_\_  
b) Telephone No.: \_\_\_\_\_ Fax No. (Opt.): \_\_\_\_\_
9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified): \_\_\_\_\_

**WARNING TO OWNER:** ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

STATE OF FLORIDA  
COUNTY OF COLUMBIA



10. [Signature]  
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager  
Print Name: Umesh Mhatre  
I, Umesh Mhatre, a Florida Notary, this 7th day of January, 2011, by:  
(type of authority, e.g. officer, trustee, attorney)  
for \_\_\_\_\_ (name of party on behalf of whom instrument was executed).

Personally Known ☒ OR Produced Identification \_\_\_\_\_ Type \_\_\_\_\_

Notary Signature: Patricia B. Fountain Notary Stamp or Seal: \_\_\_\_\_

—AND—

1. Verification pursuant to Section 92.01, 5, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

X [Signature]  
Signature of Natural Person Signing (in line #10 above):



**Columbia County**  
**BUILDING DEPARTMENT**

**Inspection Affidavit**

**RE: Permit Number: 000029122**

I, STEVE MALLEK, licensed as a(n) Contractor\* / Engineer/Architect,  
(please print name and circle Lic. Type) **FS 468 Building Inspector\***

License #: CCC1327323

On or about Feb. 3, 2011, I did personally inspect the  
(Date & time)

☒ roof deck attachment ☐ secondary water barrier ☐ roof to wall connection

work at 213 SW BROTHERS LANE - LAKE CITY  
(Job Site Address)

Based upon that examination I have determined the installation was done according to the  
Hurricane Mitigation Retrofit Manual (Based on 553.844 F.S.)

[Signature]  
Signature

STATE OF FLORIDA  
COUNTY OF

Sworn to and subscribed before me this 3rd day of FEBRUARY, 2011.

By STEVE MALLEK, Notary Public, State of Florida

TAMARA L. COOK  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # 00732683  
MY COMMISSION EXPIRES JANUARY 28, 2012

TAMARA L COOK  
(Print, type or stamp name)

Personally Present  
Produced Identification \_\_\_\_\_ Type of identification produced, IN PERSON

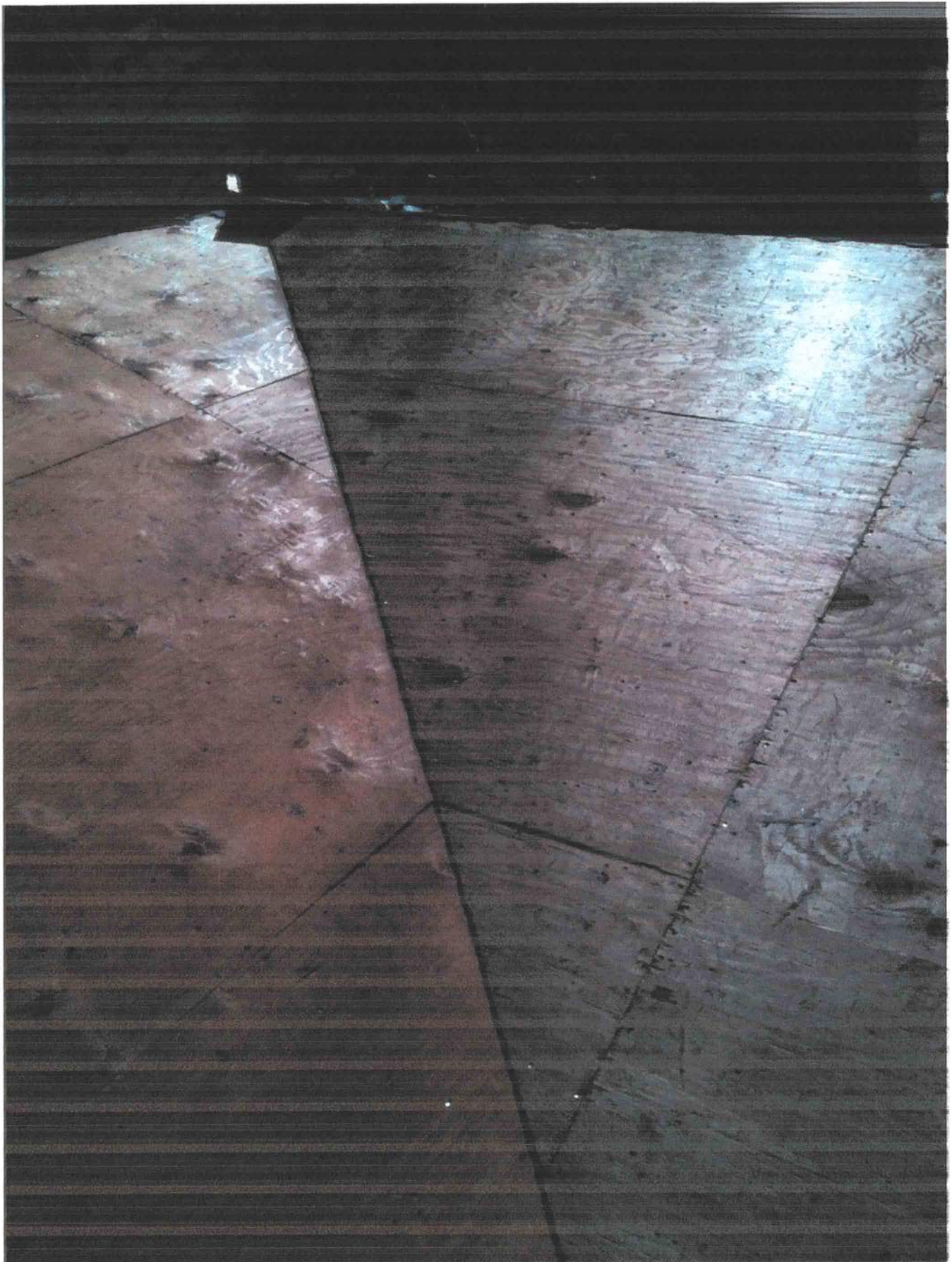
\* Include photographs of each plane of the roof with the permit number clearly shown marked on the deck for each inspection. Place a tape measure next to the nailing pattern to show distance between nails.

\* Photographs must clearly show all work and have the permit number indicated on the roof.

\* Affidavit and Photographs must be provided when final inspection is requested.

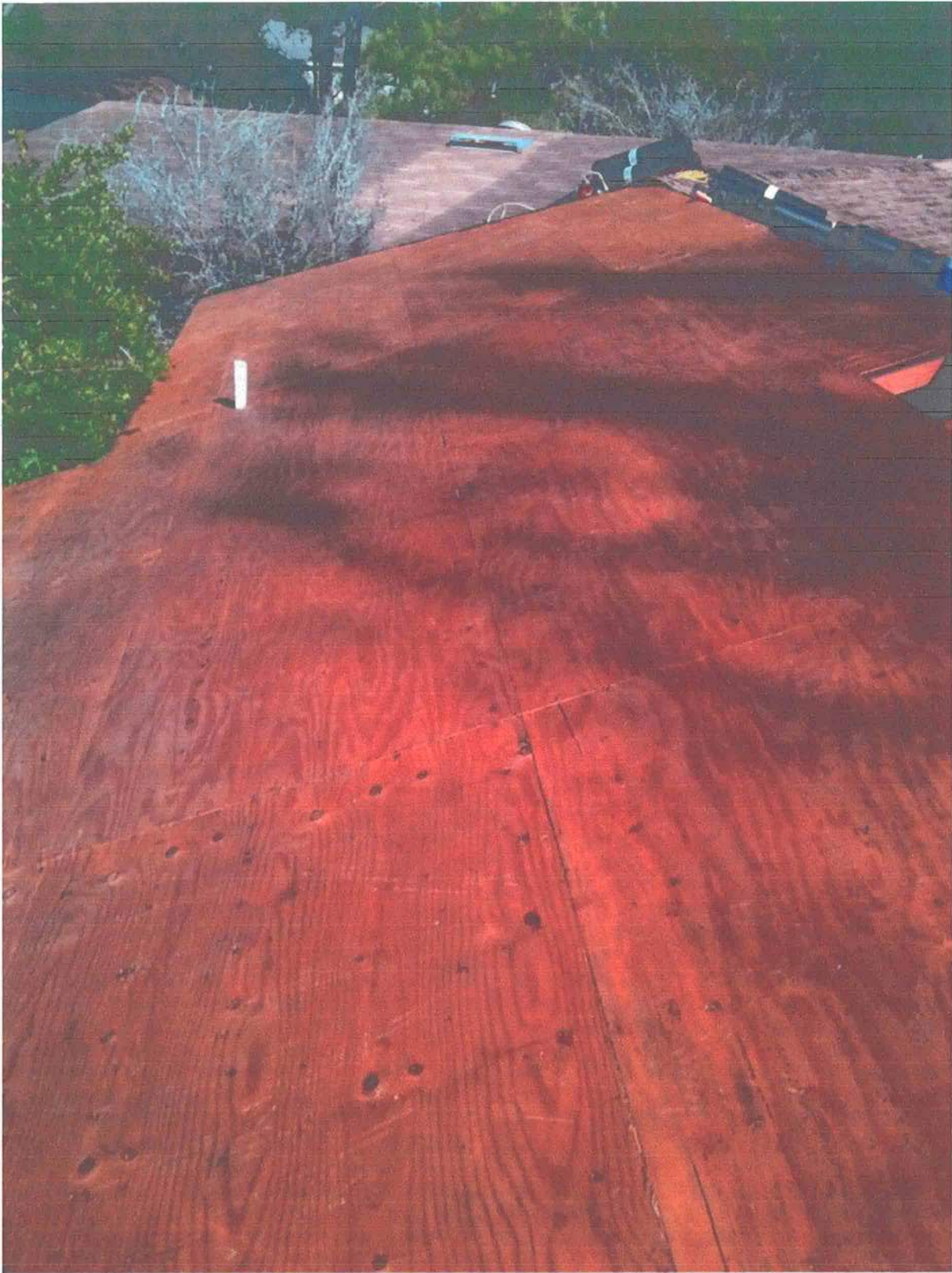


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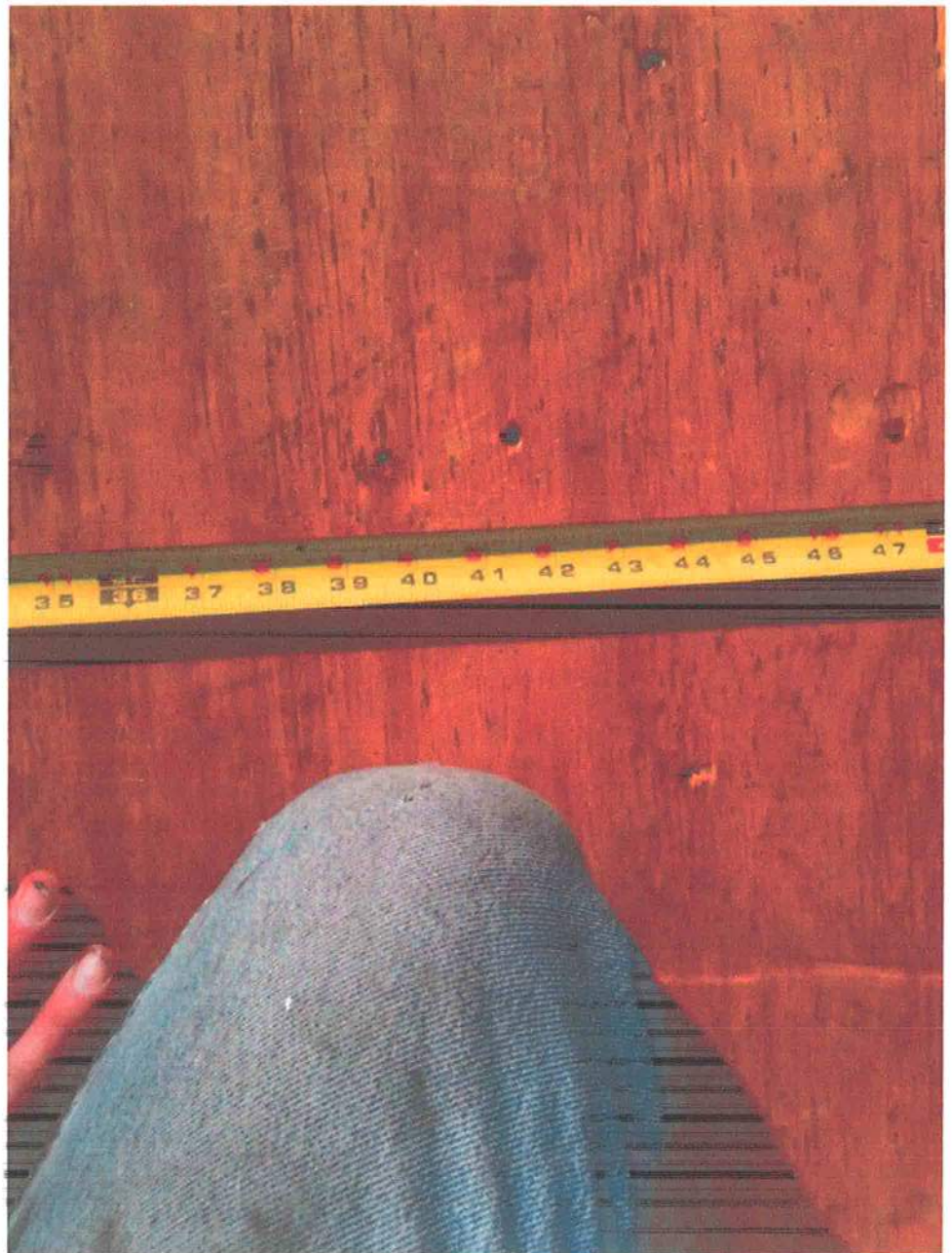
000029122



A close-up photograph of a red wooden surface, possibly a door or wall, showing vertical wood grain and some dark spots. A yellow measuring tape is stretched horizontally across the middle of the frame, with numbers 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, and 21 visible. A blue, textured cloth or tarp is draped over the bottom left corner, partially obscuring the wood.



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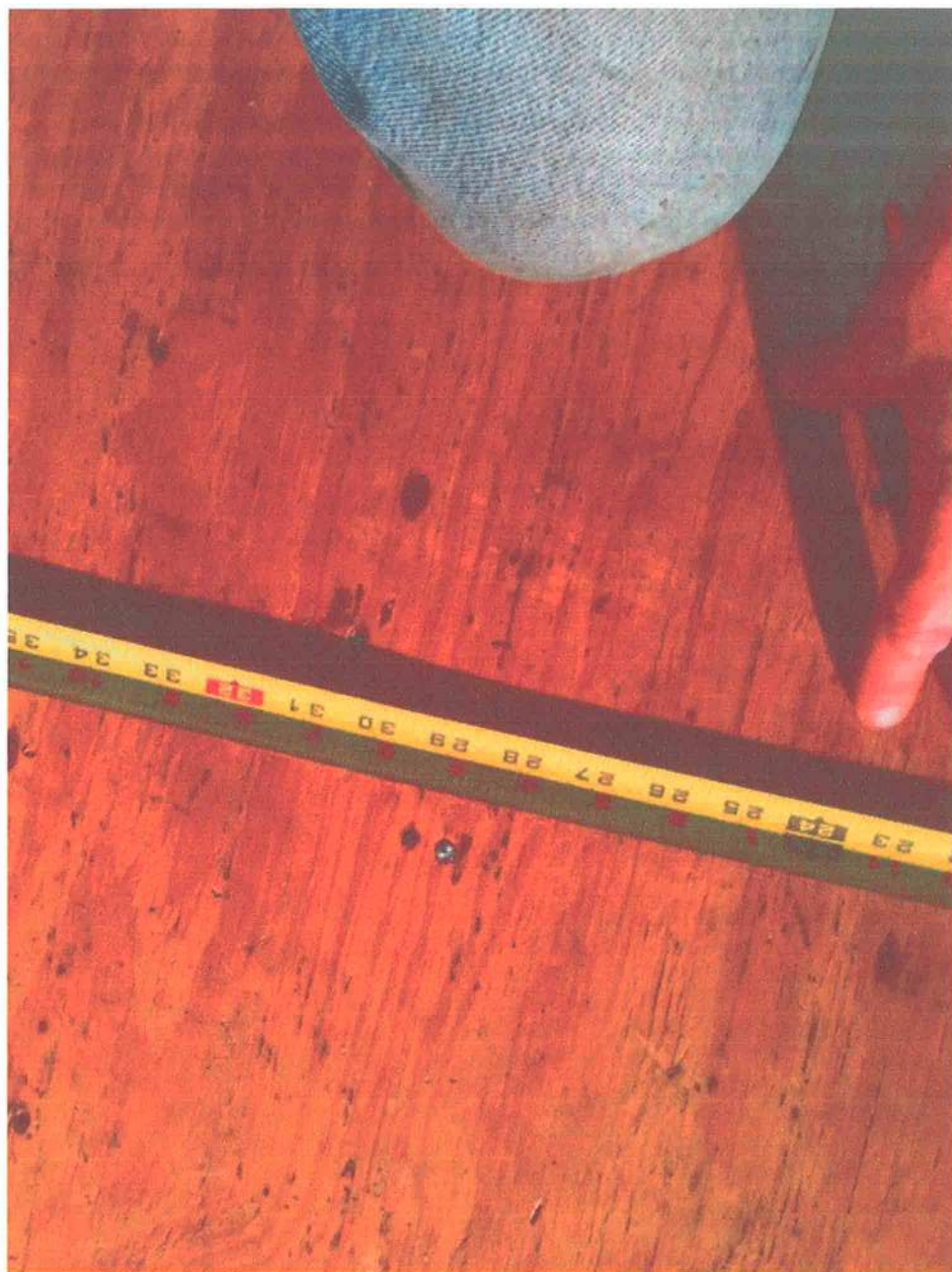


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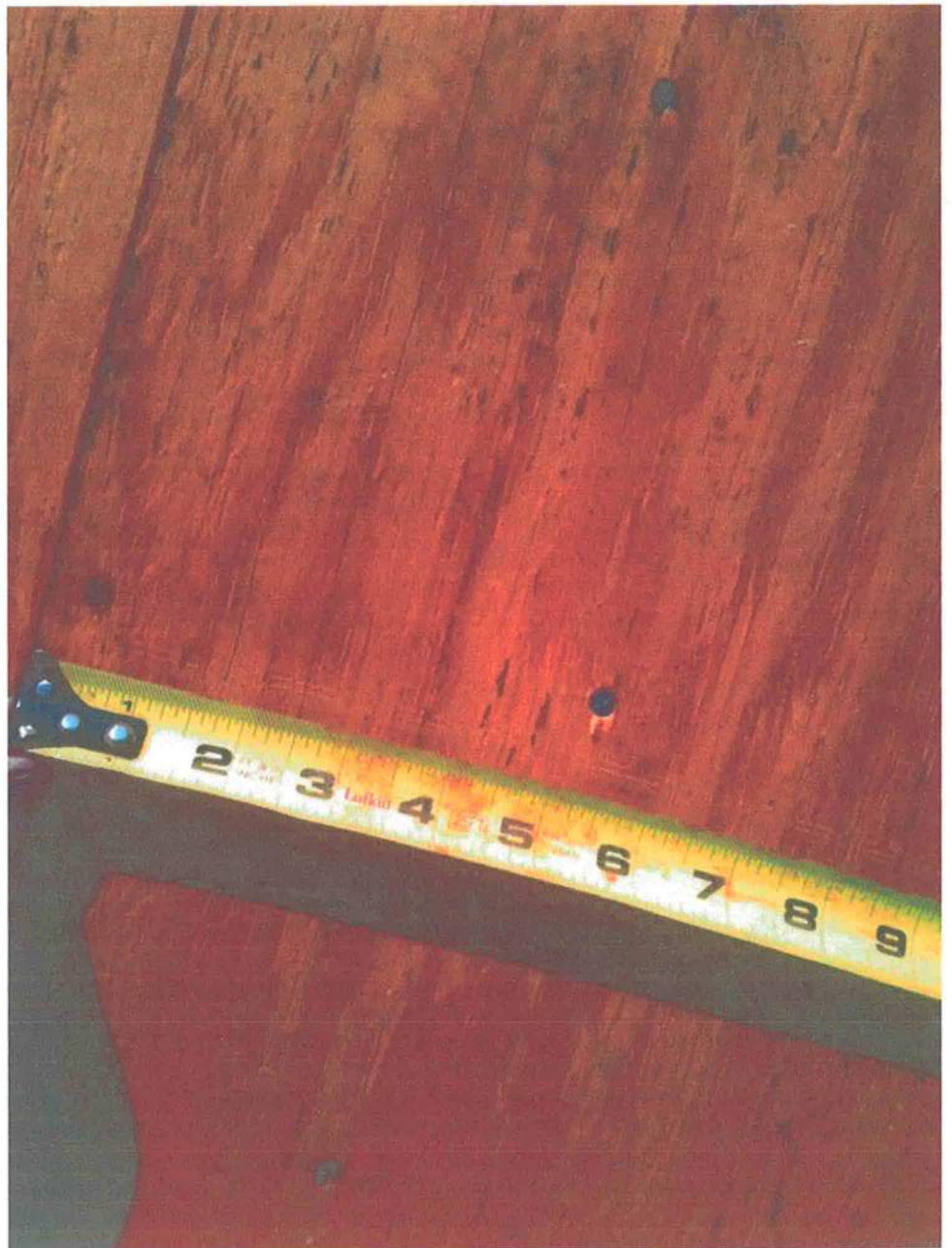


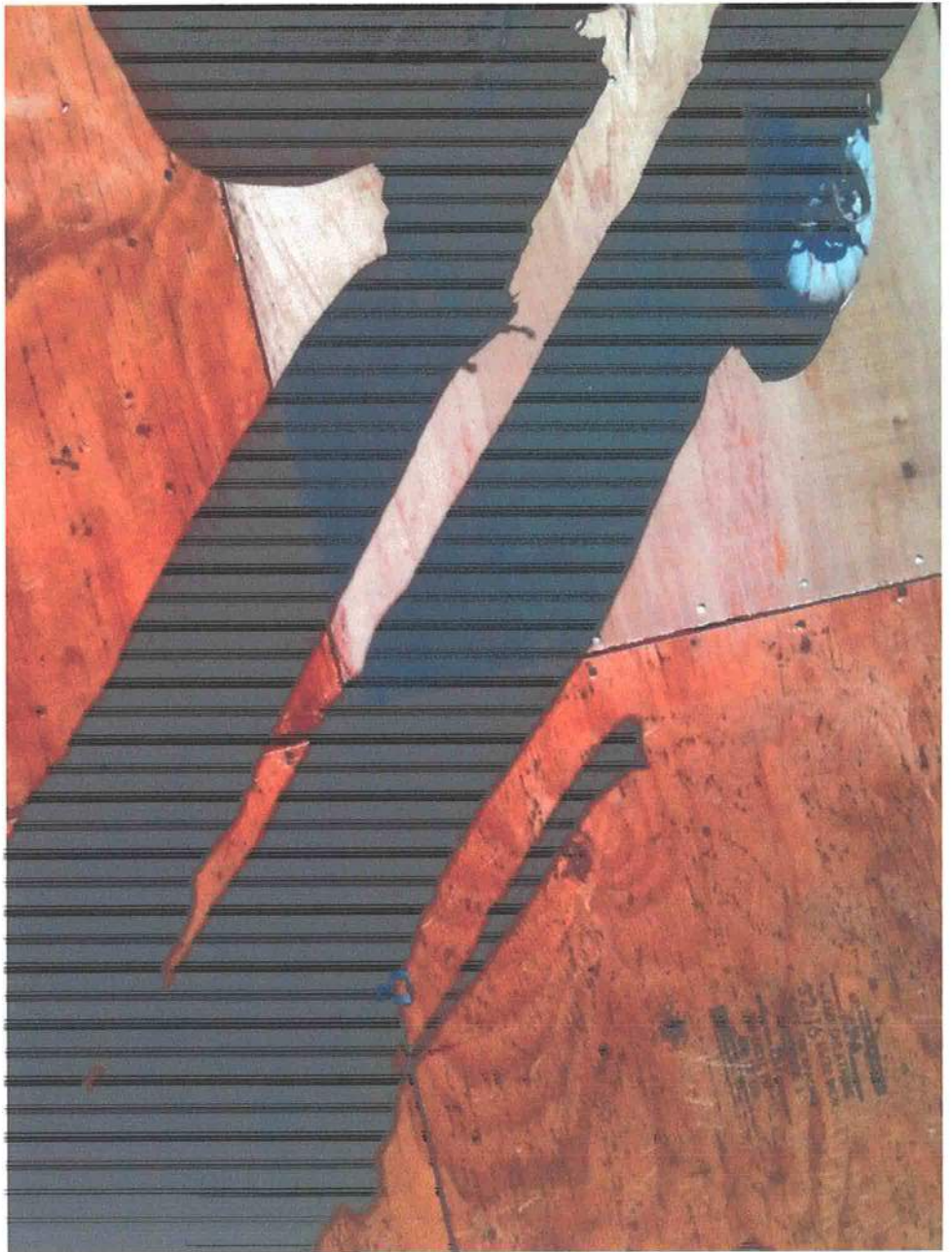
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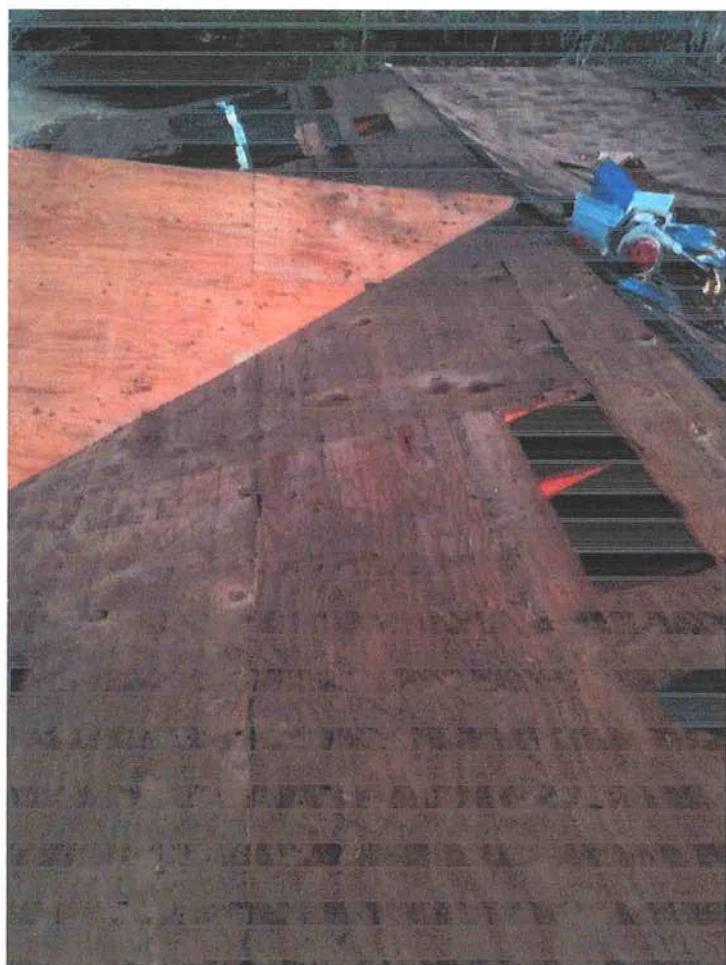




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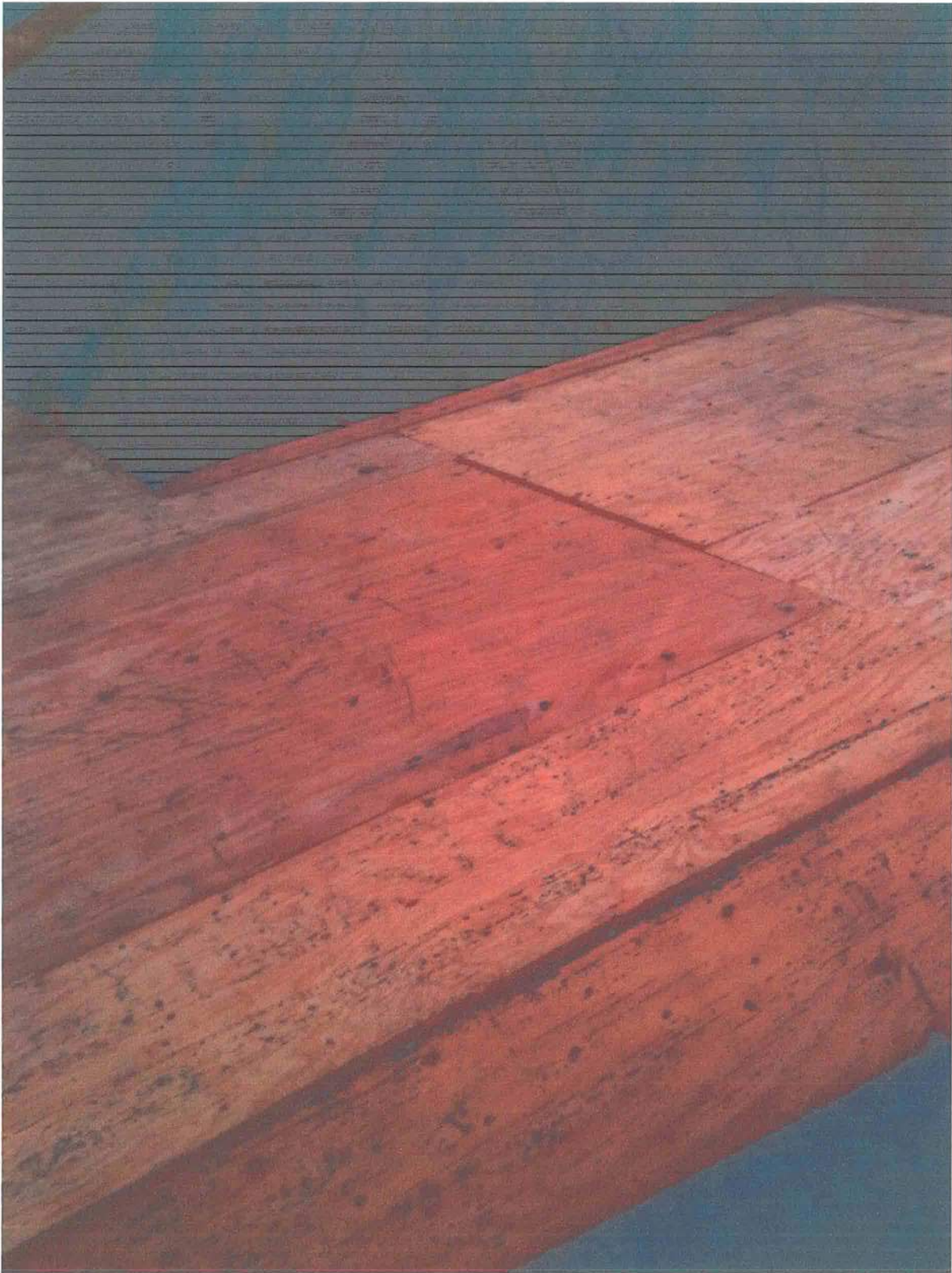




000029122



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BOARD OF COUNTY COMMISSIONERS  
OFFICE OF  
**BUILDING & ZONING**  
COLUMBIA COUNTY, FLORIDA

**BUILDING PERMIT RECEIPT**

RECEIPT NUMBER / PERMIT NUMBER 000029122 DATE 01/07/2011  
APPLICANT SHERI TOLKKINEN  
OWNER UMESH & SHILPA MHATRE  
CONTRACTOR STEPHEN MALLEK  
PARCEL ID NUMBER 12-4S-16-02941-006 NUMBER OF EXISTING DWELLINGS 1  
TYPE OF DEVELOPMENT RE-ROOF SFD  
COMMENTS: NOC ON FILE

**FEES:**

BUILDING PERMIT	<u>30.00</u>	CERTIFICATION FEE	<u>0.00</u>
ZONING FEE	<u></u>	SURCHARGE FEE	<u>0.00</u>
FLOOD ZONE FEE	<u></u>	FLOOD DEVELOPMENT PERMIT	<u></u>
MOBILE HOME PERMIT	<u></u>	RELOCATION PERMIT	<u></u>
TRAVEL TRAILER PERMIT	<u></u>	RECONNECTION PERMIT	<u></u>
UTILITY POLE PERMIT	<u></u>	WASTE ASSESSMENT FEE	<u></u>
FIRE FEE (5 ACRES OR LESS)	<u></u>	CULVERT PERMIT	<u></u>
FIRE FEE (MORE THAN 5 ACRES)	<u></u>	RENEW PERMIT	<u></u>

CHECK NUMBER 383 **TOTAL FEES CHARGES** 30.00

MAKE CHECKS PAYABLE TO: BCC (Board of County Commissioners)

NOTE: A SEPARATE CHECK IS REQUIRED FOR THE CULVERT WAIVER PERMITS

135 NE HERNANDO AVE.  
SUITE B-21  
LAKE CITY, FL 32055  
Phone: 386-758-1008  
Fax: 386-758-2160

