

MARK LITTLE

# Little & Williams, Inc.

J. E. WILLIAMS

COMMERCIAL **CONSTRUCTION** INDUSTRIAL

Dated: 11 | 29 | 11

Columbia County Building Department  
Attn: Janice Williams  
135 NE Hernando Ave., Ste B-21  
Lake City, FL 32055

Re: Cooper Residence

Dear Ms. Williams:

This letter authorizes Mark Little to sign the building permit for the above listed project in behalf of Little & Williams, Inc.

*JOE WILLIAMS*  
Regards,

Joe Williams  
Vice President  
Little & Williams, Inc.  
CGC003903

State of Florida  
County of Columbia

The forgoing instrument was acknowledged before me this 29<sup>th</sup> day of November 2011, by Joe Williams who is personally known to me.

NOTARY PUBLIC

*Amelia J. Creamer*

Name: Amelia J. Creamer  
Commission Expires: 3/10/13



AMELIA J. CREAMER  
Notary Public, State of Florida  
My Comm. Expires March 10, 2013  
Commission No. PD 858805

LICENSED & INSURED  
GC# CGC003903

319 S.W. Solstice Court, Lake City, Florida 32024  
Phone (386) 755-3139 Fax (386) 961-9539

FREE ESTIMATES  
[littleawilliam@aol.com](mailto:littleawilliam@aol.com)

MARK LITTLE

# **Little & Williams, Inc.**

J. E. WILLIAMS

COMMERCIAL **CONSTRUCTION** INDUSTRIAL

Little & Williams, Inc. contact information:

Little & Williams, Inc.  
319 SW Solstice Ct  
Lake City, FL 32024  
P: 386 755-3139  
F: 386 961-9539  
[littleawilliam@aol.com](mailto:littleawilliam@aol.com)

Mark Little, President  
Cell # 386 623-6642

Joe Williams, Vice President  
Cell# 904 982-2544

## **DIRECTIONS TO COOPER RESIDENCE**

47 South past I75 to Wester Road make left, go to Finley Little Road make Right, go to Leeville Road on the left make a left and bear right, go to end of road.

LICENSED & INSURED  
GC# CGC003903

319 S.W. Solstice Court, Lake City, Florida 32024  
Phone (386) 755-3139 Fax (386) 961-9539

FREE ESTIMATES  
[littleawilliam@aol.com](mailto:littleawilliam@aol.com)

West

71.78  
71'9"

71'9"  
71.78

89.78

209.30  
209'3 1/2"

North

217.3 1/2"

217.30

92.50

92'6"

EAST

41.50  
41'6"

41.50  
41'6"

92.50

92'6"

MARK LITTLE

# Little & Williams, Inc.

J. E. WILLIAMS

COMMERCIAL **CONSTRUCTION** INDUSTRIAL

**Cooper Residence  
177 SW Leeville Court  
Lake City, Florida**

## Subcontractors

Dependable Heating, Air & Electrical  
7 North 4<sup>th</sup> Street  
Macclenny, FL 32063

Contact: Oscar Gray  
P: 904 259-6546 F: 904 259-8086

Electrical License #EC0001471  
A/C License #CAC057649

Dickie's Plumbing, Inc.  
Plumbing  
10174 Hilliard Ave  
Glen St. Mary, FL 32040

Contact: Dickie Foster  
P: 904 653-1136 F: 904 653-1993

License #CFCO57556

Hunt's Aluminum ✓  
356 NW Turner Ave.  
Lake City, FL 32055

Contact: Todd Hunt  
P: 386 752-6367 F: 386 752-6977

License #SCC047025

Pro Tech Coatings Specialists, Inc. ✓  
433 S. Marion Ave. – Ste 101  
Lake City, FL 32025

Contact: Rocky Davis  
P: 386 755-3691 F: 386 754-6687

License #20725

Wayne's Carpet Plus, Inc. ✓  
3325 South US Hwy 441  
Lake City, FL 32025

Contact: Wayne Adams  
P: 386 719-4200 F: 386 719-4999

License #7224

AC# 5054679

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L10072701256

DATE	BATCH NUMBER	LICENSE NBR
07/27/2010	108016391	CGC003903

The GENERAL CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489, FS.

Expiration date: AUG 31, 2012

WILLIAMS, JOSEPH E  
LITTLE & WILLIAMS INC  
319 SW SOLSTICE CT  
LAKE CITY

FL 32024

CHARLIE CRIST  
GOVERNOR

CHARLIE LIEM  
INTERIM SECRETARY

DISPLAY AS REQUIRED BY LAW



**COLUMBIA COUNTY BUSINESS TAX RECEIPT**  
**RONNIE BRANNON, TAX COLLECTOR**  
**RECEIPT EXPIRES 09/30/2012**

RECEIPT EXPIRES 09/30/2012

EMPLOYEES

**SUPPLEMENTAL**

X RENEWAL	110	18.00
NEW RECEIPT	DAT	
TRANSFER	Ope	
	Til	
	Pa.i	

18.00

LITTLE & WILLIAMS INC  
JOSEPH E WILLIAMS  
319 SW SOLSTICE COURT  
LAKE CITY FL 32024

1103320.000 of  
DATE 08/08/2011  
Oper DNS  
Till 011  
Paid 18.00

PENALTY  
TOTAL

LOCATION  
ADDRESS:

Mark Lee

**SIGN AND RETURN WITH PAYMENT**

0 0001 6590000000000000 0081000000 0081000000





CHARLIE LEWIS  
SECRETARY

818 HAY AVE. CHICAGO, ILL. BY LAW

EC 000 14 71



三、中国农村人口问题

DISPLAY AS REQUIRED BY LAW

CAC 05 76 49

Dependable Heating, Air Conditioning  
: Electrical Contractor



# STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L1009

LICENSE NBR

BATCH NUMBER

DATE

09/01/2010

108061458

CFC057556

THE PLUMBING CONTRACTOR  
NAMED BELOW IS CERTIFIED  
UNDER THE PROVISIONS OF CHAPTER 489 FS.  
Expiration date: AUG 31, 2012

FOSTER, MORRIS LYNN  
DICKIE'S PLUMBING INC  
10174 HILLIARD AVENUE  
GLEN SAINT MARY FL 32040

CHARLIE CRIST  
GOVERNOR

CHARLIE LIEM  
SECRETARY

DISPLAY AS REQUIRED BY LAW



AC# 5191542

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L10091402443

DATE	BATCH NUMBER	LICENSE NBR
09/14/2010	108072029	SCC047025

The SPECIALTY STRUCTURE CONTRACTOR

Named below IS CERTIFIED

Under the provisions of Chapter 489, FS.

Expiration date: AUG 31, 2012

HUNT, TODD L  
HUNT'S ALUMINUM  
356 NW TURNER AVE  
LAKE CITY

FL 32055

CHARLIE CRIST  
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CHARLIE LIEM  
SECRETARY



2011-12

COLUMBIA COUNTY BUSINESS TAX RECEIPT  
RONNIE BRANNON, TAX COLLECTOR

RECEIPT NUMBER:  
20725

RECEIPT EXPIRES 09/30/2012

MACHINES

ROOMS

SEATS

EMPLOYEES

2

BUSINESS TYPE: 000207

PAINTING CONTRACTOR

PRO TECH COATINGS SPECIALISTS  
WILLIAM R. DAVIS  
433 S MARION AVE SUITE 101  
LAKE CITY, FL 32025

SUPPLEMENTAL

X RENEWAL

NEW RECEIPT

TRANSFER

18.00

PENALTY

0.00

TOTAL

18.00

LOCATION  
ADDRESS:

MARION ST.  
LAKE CITY, FL 32025

*William R. Davis*

X

SIGN AND RETURN WITH PAYMENT

I SWEAR THAT THIS APPLICATION FOR RECEIPT IS MADE FOR THE BUSINESS OR  
PROFESSION INDICATED HEREON AND IS TRUE AND CORRECT.

THE APPLICATION MUST COMPLY WITH STATE AND LOCAL ORDINANCE INCLUDING ZONING.

RONNIE BRANNON TAX C

1006222.0001 of 0001

DATE 09/06/2011

Open 08M

T111 010

T814 18.00

0000001800 0000001800 000000000000932 1001 3



# LOCAL BUSINESS TAX RECEIPT

ISSUED BY  
CITY OF LAKE CITY, FLORIDA

LICENSE NUMBER  
12-00005133

SEC. 13.14 Every license issued by the city shall contain the following provision written or printed upon the face thereof "The City of Lake City" expressly reserves the right to revoke or cancel this license in case the licensee or any person doing business hereunder so conducts such business that it becomes a nuisance or annoys and disturbs the peace of the citizens of the community and violates the law."

RECEIVED 60.00 AS LICENSE AND ISSUANCE FEE TO ENGAGE AND CONDUCT OR MANAGE THE  
BUSINESS, PROFESSION OR OCCUPATION OF SPECIALTY CONTRACTOR  
IN THE CITY OF LAKE CITY, FLORIDA FROM OCTOBER 1 2011 TO SEPTEMBER 30 2012

PRO TECH COATINGS  
SPECIALISTS, INC  
433 S MARION AVE SUITE 101  
LAKE CITY FL 32025

433 S MARION

LOCATION  
*Harry D. Lee*  
CITY OFFICIAL

9/08/11

DATE OF ISSUE

NOTE: THIS LICENSE IS TO BE POSTED AND DISPLAYED AT ALL TIMES

# LICENSE RECEIPT 000042

COLUMBIA COUNTY BUILDING DEPARTMENT  
CONTRACTOR LICENSING PAINTING

ISSUE DATE 09/21/2011 EXPIRATION DATE 09/30/2013

NAME WILLIAM R. DAVIS PHONE 386.755.3691

ADDRESS 433 S MARION AVENUE, STE. 101 LAKE CITY FL 32025

CHECK NUMBER 10258 FEE PAID 100.00


COLUMBIA COUNTY COMPETENCY LICENSE	
WILLIAM R. DAVIS PRO TECH COATINGS SPECIALISTS, INC.	
PAINTING	
Issued: 09/21/2011 Status: A	
County Lic Expires: 09/30/2013	
State Lic #N/A	
State Lic Expires:	
000042 DUPLICATE	
Building Official: <i>[Signature]</i>	
	

Image  
not  
Available



2011-12

**COLUMBIA COUNTY BUSINESS TAX RECEIPT**  
**RONNIE BRANNON, TAX COLLECTOR**

RECEIPT EXPIRES 09/30/2012

RECEIPT NUMBER:  
7224

MACHINES

ROOMS

SEATS

EMPLOYEES

BUSINESS TYPE: 000722  
CARPET/TILE&VINYL SALES

SUPPLEMENTAL

X RENEWAL 30.00  
NEW RECEIPT  
TRANSFER

WAYNE'S CARPET PLUS  
J WAYNE ADAMS  
3367 S US HWY 441  
LAKE CITY, FL 32025

2213262.8001 of 0001  
DATE 08/11/2011  
Oper 668  
Till 032  
Paid 30.80

RONNIE BRANNON TAX C

PENALTY  
TOTAL

LOCATION 3367 S US HWY 441  
ADDRESS: LAKE CITY, FL 32025

X *Kathy E. Adams*  
SIGN AND RETURN WITH PAYMENT

I SWEAR THAT THIS APPLICATION FOR RECEIPT IS MADE FOR THE BUSINESS OR  
PROFESSION INDICATED HEREON AND IS TRUE AND CORRECT.  
THE APPLICATION MUST COMPLY WITH STATE AND LOCAL ORDINANCE INCLUDING ZONING

0000003000 0000003000 00000000000002019 1001 7

# LICENSE RECEIPT 000876

## COLUMBIA COUNTY BUILDING DEPARTMENT CONTRACTOR LICENSING

CERAMIC TILE

ISSUE DATE 09/30/2011

EXPIRATION DATE 09/30/2013

NAME RYAN C. HARDIN

PHONE \_\_\_\_\_


ADDRESS 546 SW REMINGTON COURT

LAKE CITY FL 32024

CHECK NUMBER 1006

FEE PAID 100.00

COLUMBIA COUNTY COMPETENCY LICENSE	
Image not Available	RYAN C. HARDIN
	RYAN'S FLOOR COVERING, INC.
	CERAMIC TILE
	Issued: 09/30/2011      Status: A
	County Lic Expires: 09/30/2013
	State Lic #
	State Lic Expires:
000876      DUPLICATE	
Building Official: _____	



COLUMBIA COUNTY BUILDING DEPARTMENT  
CONTRACTOR LICENSING DEPARTMENT

LICENSE RECEIPT 000876

CERAMIC TILE

ISSUE DATE 09/30/2011

EXPIRATION DATE 09/30/2013

NAME RYAN C. HARDIN

PHONE \_\_\_\_\_

ADDRESS 546 SW REMINGTON COURT

LAKE CITY

FL

32024

CHECK NUMBER 1006

FEE PAID 100.00

# LICENSE RECEIPT 000546

## COLUMBIA COUNTY BUILDING DEPARTMENT CONTRACTOR LICENSING

FLOOR COVERING

ISSUE DATE 09/30/2011

EXPIRATION DATE 09/30/2013

NAME RYAN C. HARDIN

PHONE 386-965-4091

ADDRESS 546 SW REMINGTON COURT

LAKE CITY FL 32024

CHECK NUMBER 1006

FEE PAID 100.00



## COLUMBIA COUNTY BUILDING DEPARTMENT CONTRACTOR LICENSING DEPARTMENT

LICENSE RECEIPT 000546

FLOOR COVERING

ISSUE DATE 09/30/2011

EXPIRATION DATE 09/30/2013

NAME RYAN C. HARDIN

PHONE 386-965-4091

ADDRESS 546 SW REMINGTON COURT

LAKE CITY

FL

32024

CHECK NUMBER 1006

FEE PAID 100.00



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: BM

DATE (MM/DD/YYYY)

11/18/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> TD Insurance, Inc. <input type="checkbox"/> 101 Century 21 Dr Ste 200 <input type="checkbox"/> Jacksonville, FL 32216 <input type="checkbox"/> David L. Cain		904-855-0744 904-855-0828	<b>CONTACT NAME:</b> Michelle Bartlett, CISR <b>PHONE (A/C, No, Ext):</b> 904-450-4716 <b>E-MAIL ADDRESS:</b> Michelle.Bartlett@tdinsure.com <b>PRODUCER CUSTOMER ID #:</b> LITTL-2	<b>FAX (A/C, No):</b> 904-855-0828
<b>INSURED</b> Little & Williams, Inc. <input type="checkbox"/> 319 S.W. Solstice Court <input type="checkbox"/> Lake City, FL 32024		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: American Interstate Ins. Co. INSURER B: Westfield Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:		<b>NAIC #</b> 31895 24112

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket Add'l Ins GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		TRA3376834	08/07/11	08/07/12	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 \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS		TRA3376834	08/07/11	08/07/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> HIRED AUTOS		TRA3376834	08/07/11	08/07/12	
B	<input checked="" type="checkbox"/> NON-OWNED AUTOS		TRA3376834	08/07/11	08/07/12	
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$		TRA3376834	08/07/11	08/07/12	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	AVWCFL2069882011	11/17/11	11/17/12	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input 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	<b>Inland Marine</b> Leased/Rented Eqpt		TRA3376834	08/07/11	08/07/12	L/R eqpt 5,000 Deductible 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
RE: Certified General Contractor #CGC003903

**CERTIFICATE HOLDER****CANCELLATION**

COLUM-4

Columbia County Building ☐  
Inspector - (386) 758-2160 ☐  
Courthouse Annex ☐  
135 N.E. Hernando Street ☐  
Lake City, FL 32055

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/21/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> JP Perry Insurance 3342 Kori Road  Jacksonville FL 32257		<b>CONTACT NAME:</b> Tracy Bellino <b>PHONE (A/C, No, Ext):</b> (904) 268-7310 <b>E-MAIL:</b> tbellino@jpperry.com <b>ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b> 00017718		<b>FAX (A/C, No):</b> (904) 268-2801
<b>INSURED</b>  Dependable Heating, Air Conditioning & 7 N. 4th Street  Macclenny FL 32063		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Old Dominion Ins Co INSURER B: Bridgefield Employers INSURER C: INSURER D: INSURER E: INSURER F:		<b>NAIC #</b> 42293

**COVERAGES** **CERTIFICATE NUMBER:** 11.12 All Ploy Certs **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			MPG80835	5/7/2011	5/7/2012	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input 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 type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						
	RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			83036620	7/16/2011	7/16/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

(386) 961-9539

Little & Williams, Inc.  
319 SW Solstice Ct  
Lake City, FL 32024

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Joseph Perry, III/TMB

JUN 24 2011





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/27/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> JP Perry Insurance 3342 Kori Road Jacksonville FL 32257		<b>CONTACT NAME:</b> Tracy Bellino <b>PHONE (A/C, No, Ext):</b> (904) 268-7310 <b>E-MAIL ADDRESS:</b> tbellino@jpperry.com <b>PRODUCER CUSTOMER ID #:</b> 00013648	
<b>INSURED</b> Dickie's Plumbing, Inc. 10174 Hilliard Avenue Glen St. Mary FL 32040		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Old Dominion Ins Co 42293 INSURER B: BusinessFirst Insurance Co 11697 INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 11.12 Certs

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MPG88299	5/3/2011	5/3/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	52104153	6/26/2011	6/26/2012	WC STATUTORY LIMITS OTH-ER E L EACH ACCIDENT \$ 100,000 E L DISEASE - EA EMPLOYEE \$ 100,000 E L DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Lake City Community College BID 21

**CERTIFICATE HOLDER**

(386) 961-9539

Little & Williams, Inc.  
319 S.W. Solstice Court  
Lake City, FL 33024

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Joseph Perry, III/TMB





# CERTIFICATE OF LIABILITY INSURANCE

DATE (mm/dd/yyyy)

10/6/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Bouchard Insurance P O Box 6090 Clearwater FL 33758-6090		<b>CONTACT NAME:</b> PHONE (A/C No. Ext): 727-447-6481 FAX (A/C No.): 727-449-1267 E-MAIL: clcerts@bouchardinsurance.com ADDRESS: clcerts@bouchardinsurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> National Union Fire Ins Co of 19445	
		<b>INSURER B:</b> Guarantee Insurance Company 11398	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 1516659199 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVO	POLICY NUMBER	POLICY EFF (mm/dd/yyyy)	POLICY EXP (mm/dd/yyyy)	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"/> Contractual Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	X	BSL9512867	10/1/2011	10/1/2012	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$included GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMPROP AGG \$included \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			SSL9512867	10/1/2011	10/1/2012	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	Y		011079746	10/1/2011	10/1/2012	EACH OCCURRENCE \$53,000,000 AGGREGATE \$53,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	GWLD513000002	10/1/2011	10/1/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER**

Hunts Aluminum, LLC  
356 NW Turner Ave.  
Lake City FL 32055

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/28/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## PRODUCER

Greene & Associates  
PO Box 1860

Middleburg FL 32050

## INSURED

Hunt's Aluminum Llc Dba Hunt's Aluminum Llc  
356 N W Turner Avenue

Lake City FL 32055-8306

CONTACT  
NAME:

PHONE (904) 282-4011

FAX (904) 282-2302

E-MAIL: al@greeneinsurance.com

## INSURER(S) AFFORDING COVERAGE

INSURER A: Cypress Property &amp; Casualty

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR/INSR/END	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY		GFL-1011126	03/09/11	03/09/12	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Each occurrence)
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)
						PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMPROP AGG
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Each accident)
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB					EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				AGGREGATE
	DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUS: <input type="checkbox"/> TOBY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE
						E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

Little And Williams Inc  
319 Sw Solstice Court

Lake City, FL 32024

Phone:

Fax: (386)961-9539

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/18/2011

PRODUCER (407) 838-3445 FAX: (407) 838-3460

LRA Insurance

498 S Lake Destiny Rd

Orlando

FL 32810

INSURED

Pro Tech Coatings Specialist, Inc.

433 S. Marion Avenue

Suite 101

Lake City

FL 32025

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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Scottsdale Ins Co

INSURER B: Travelers Indemnity Company

25658

INSURER C: Bridgefield Casualty Ins Co

10335

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	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	LTR	GENERAL LIABILITY	CPS1357654	5/19/2011	5/19/2012	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
B	LTR	AUTOMOBILE LIABILITY	BA-2864L4844-11-SEL	5/19/2011	5/19/2012	COMBINED SINGLE LIMIT (Ea accident)	\$
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$ 1,000,000
		<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					
<input checked="" type="checkbox"/> Comp Ded \$500							
<input checked="" type="checkbox"/> Comp Ded \$500							
	LTR	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A	LTR	EXCESS / UMBRELLA LIABILITY	XBS0015005	5/19/2011	5/19/2012	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1,000,000
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
							\$
C	LTR	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	0196-23233	10/18/2011	10/18/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	\$ 500,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
	LTR	OTHER					

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

## CERTIFICATE HOLDER

littleawilliam@aol.com

Little & Williams Construction  
319 SW Solstice Court  
Lake City, FL 32024

## 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

J Lumbra, Jr./AGOULD

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/27/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## PRODUCER

Greene & Associates  
PO Box 1860

Middleburg FL 32050

## INSURED

Wayne's Carpet Plus  
3325 S. Us Hwy 441

Lake City FL 32025

CONTACT NAME: Joe Greene

PHONE (A/C, Ho, Ext): (904) 282-4011

FAX (A/C, Ho): (904) 282-2302

E-MAIL ADDRESS: al@greeneinsurance.com

## INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: National Fire Insurance

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Per occurrence) \$
						MED EXP (Acc and others) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMPROP AGG \$
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$
	DED	RETENTION \$				AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A	4017755653	10/02/11	10/02/12
	If yes, describe under DESCRIPTION OF OPERATIONS below					
						X WC STATU-TORY LIMITS OTH-ER
						E.L. EACH ACCIDENT \$100,000
						E.L. DISEASE - EA EMPLOYEE \$100,000
						E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

Little & Williams, Inc  
319 Sw Solstice Ct

Lake City, FL 32024  
Phone:  
Fax: (386)961-9539

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

JG





# CERTIFICATE OF LIABILITY INSURANCE

OP ID: JROL

DATE (MM/DD/YYYY)

06/24/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> We Insure Florida, Inc. P.O. Box 23886 Jacksonville, FL 32241 Lucas Waring	<b>877-877-4063</b> <b>904-288-8979</b>	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C No. Ext): <b>FAX</b> (A/C No.): <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b> WAYNE-2
<b>INSURED</b> Waynes Carpet Plus, Inc. Wayne Adams 3326 S US Highway 441 Lake City, FL 32026		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Sagamore Insurance <b>INSURER B:</b> Progressive <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ACORD SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY		TSB00003882-02	03/30/11	03/30/12	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) \$ 6,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/PROP AGG \$ 2,000,000
B	<input type="checkbox"/> AUTOMOBILE LIABILITY		07B01094-0	01/25/11	01/25/12	COMBINED SINGLE LIMIT (Ea accident) \$ 100,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					\$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	N/A			INC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

<b>Little &amp; Williams</b> 319 SW Solstice Court Lake City, FL 32024	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> <i>Lucas M. Waring</i>
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8:36:18 AM 12/7/2011

**Data Contained In Search Results Is Current As Of 12/07/2011 08:35 AM.**

### Search Results

Please see our [glossary of terms](#) for an explanation of the license status shown in these search results.

For additional information, including any complaints or discipline, click on the name.

License Type	Name	Name Type	License Number/ Rank	Status/Expires
Electrical Contractor	<b>DEPENDABLE HEATING, AIR CONDITIONING &amp; ELECTRICAL CONTRACTOR INC</b>	DBA	EC0001471 Cert Electrical	Current, Active 08/31/2012
	<b>License Location Address*:</b>	7 N 4TH ST MACCLENNY, FL 32063		
	<b>Main Address*:</b>	7 N. 4TH STREET MACCLENNY, FL 32063		
Electrical Contractor	<b>GRAY, OSCAR HALL</b>	Primary	EC0001471 Cert Electrical	Current, Active 08/31/2012
	<b>License Location Address*:</b>	7 N 4TH ST MACCLENNY, FL 32063		
	<b>Main Address*:</b>	7 N. 4TH STREET MACCLENNY, FL 32063		

[Back](#)
[New Search](#)

**\* denotes**

Main Address - This address is the Primary Address on file.

Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).

License Location Address - This is the address where the place of business is physically located.

Contact Us :: [1940 North Monroe Street, Tallahassee FL 32399](#) :: [Call.Center@dbpr.state.fl.us](mailto:Call.Center@dbpr.state.fl.us) :: Customer Contact Center: 850.487.1395

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8:36:52 AM 12/7/2011

**Data Contained In Search Results Is Current As Of 12/07/2011 08:35 AM.****Search Results****Please see our [glossary of terms](#) for an explanation of the license status shown in these search results.****For additional information, including any complaints or discipline, click on the name.**

License Type	Name	Name Type	License Number/ Rank	Status/Expires
Certified Air Conditioning Contractor	<a href="#">DEPENDABLE HEATING, AIR CONDITIONING &amp; ELECTRICAL CONTRACTOR INC</a>	DBA	CAC057649 Cert Air	Current, Active 08/31/2012
<b>Main Address*:</b> 7 N. 4TH STREET MACCLENNY, FL 32063				
Certified Air Conditioning Contractor	<a href="#">GRAY, OSCAR HALL</a>	Primary	CAC057649 Cert Air	Current, Active 08/31/2012
<b>Main Address*:</b> 7 N. 4TH STREET MACCLENNY, FL 32063				

[Back](#)[New Search](#)**\* denotes**

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Columbia County Building Permit

DATE 12/07/2011

APPLICANT MARK LITTLE PHONE 755-3139  
ADDRESS 319 SW SOLSTICE CT LAKE CITY FL 32024  
OWNER ROBERT & CARRIE COOPER PHONE 288-2435  
ADDRESS 177 SW LEEVILLE COURT LAKE CITY FL 32024  
CONTRACTOR LITTLE & WILLIAMS PHONE 755-3139  
LOCATION OF PROPERTY 47S, TL WESTER RD, TR FINLEY LITTLE, TL LEEVILLE,  
BEAR RIGHT AND GO TO THE END OF THE ROAD

TYPE DEVELOPMENT SFD/UTILITY ESTIMATED COST OF CONSTRUCTION 154150.00  
HEATED FLOOR AREA 1600.00 TOTAL AREA 3083.00 HEIGHT 1 STORIES 1  
FOUNDATION CONC WALLS FRAMED ROOF PITCH 6.5 FLOOR SLAB  
LAND USE & ZONING A-3 MAX. HEIGHT  
Minimum Set Back Requirements: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00  
NO. EX.D.U. 0 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 06-55-17-09128-008  
SUBDIVISION  
LOT BLOCK PHASE UNIT TOTAL ACRES 1.68

Culvert Permit No. CGC003903  
Culvert Waiver Contractor's License Number  
EXISTING 11-0464 BK LU & Zoning checked by Approved for Issuance New Resident  
Comments: NOC ON FILE, REPLACING MH WHICH HAS ALREADY BEEN REMOVED.  
SPECIAL FAMILY LOT, FLOOR WILL BE 1 FOOT ABOVE THE ROAD  
Check # or Cash 6601

FOR BUILDING & ZONING DEPARTMENT ONLY

Temporary Power Foundation Slab Sheathing/Nailing Monolithic  
Under slab rough-in plumbing 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  
Heat & Air Duct Pert. beam (Lintel) date/app. by  
Pool Electrical rough-in date/app. by  
Permanent power C.O. Final date/app. by  
Pump pole Utility Pole date/app. by  
Reconnection RV date/app. by  
Re-roof date/app. by

BUILDING PERMIT FEE \$ 775.00 CERTIFICATION FEE \$ 15.42 SURCHARGE FEE \$ 15.42  
MISC. FEES \$ 0.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$  
FLOOD DEVELOPMENT FEE \$ 25.00 CULVERT FEE \$ TOTAL FEE 880.84  
INSPECTORS OFFICE CLERKS OFFICE

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.





# OCCUPANCY

COLUMBIA COUNTY, FLORIDA

## Department of Building and Zoning Inspection

*This Certificate of Occupancy is issued to the below named permit holder for the building and premises at the below named location, and certifies that the work has been completed in accordance with the Columbia County Building Code.*

Parcel Number 06-5S-17-09128-008

Building permit No. 000029803

Use Classification SFD/UTILITY

Fire: 0.00

Permit Holder LITTLE & WILLIAMS

Waste:

Owner of Building ROBERT & CARRIE COOPER

Total: 0.00

Location: 248 SW LEEVILLE COURT, LAKE CITY, FL 32024

Date: 05/08/2012

*Joy Ann*

Building Inspector

POST IN A CONSPICUOUS PLACE  
(Business Places Only)





# Notice of Treatment

Applicator: Florida Pest Control & Chemical Co. (www.flapest.com)  
 Address: 536 SE DANA AVE  
 City: LAKE CITY FL Phone 752-1703

Site Location: Subdivision  
 Lot # Block#  
 Address 177 SW Leeville CT  
 Permit # 21803

Product used	Active Ingredient	% Concentration
<input type="checkbox"/> Premise	Imidacloprid	0.1%
<input checked="" type="checkbox"/> Termidor	Fipronil	0.12%
<input type="checkbox"/> Bora-Care	Sodium Octaborate Tetrahydrate	23.0%

Type treatment:

☒ Soil

☐ Wood

Area Treated	Square feet	Linear feet	Gallons Applied
Driveway Garage	3083	256	350

As per Florida Building Code 104.2.6 - If soil chemical barrier method for termite prevention is used, final exterior treatment shall be completed prior to final building approval.

If this notice is for the final exterior treatment, initial this line

Date

Time

Print Technician's Name

Remarks:

Applicator - White

Permit File - Canary

Permit Holder - Pink

10/05

©