

DATE 02/24/2011

Columbia County Building Permit
This Permit Must Be Prominently Posted on Premises During Construction**PERMIT**
000029215

APPLICANT JACK FLOWERS PHONE 386-362-8324
ADDRESS 7434 CR 795 LIVE OAK FL 32060
OWNER M-A-S TRUST/HARRACE & FRANCES TANNER PHONE 386-365-0110
ADDRESS 397 SW NORMA JEAN GLN LAKE CITY FL 32024
CONTRACTOR JACK FLOWERS PHONE 386-362-8324

LOCATION OF PROPERTY C-131-S TO NORMA JEAN GLN, TL AND IT'S 1ST GATE ON R.
#397 POSTED ON FENCE.

TYPE DEVELOPMENT MH, UTILITY ESTIMATED COST OF CONSTRUCTION 0.00
HEATED FLOOR AREA TOTAL AREA HEIGHT STORIES
FOUNDATION WALLS ROOF PITCH FLOOR
LAND USE & ZONING AG-3 MAX. HEIGHT 35
Minimum Set Back Requirments: STREET-FRONT 30.00 REAR 25.00 SIDE 25.00
NO. EX.D.U. 1 FLOOD ZONE X DEVELOPMENT PERMIT NO.

PARCEL ID 06-6S-17-09615-101 SUBDIVISION HIGHLND FARMS
LOT 1 BLOCK PHASE UNIT TOTAL ACRES 5.00

DIH1016037
Culvert Permit No. Culvert Waiver Contractor's License Number Applicant/Owner/Contractor
EXISTING 11-0021-E BK TC N
Driveway Connection Septic Tank Number LU & Zoning checked by Approved for Issuance New Resident

COMMENTS: FLOOR ONE FOOT ABOVE THE ROAD

REPLACING EXISTING MH

Check # or Cash CASH

FOR BUILDING & ZONING DEPARTMENT ONLY

(footer/Slab)

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

BUILDING PERMIT FEE \$ 0.00 CERTIFICATION FEE \$ 0.00 SURCHARGE FEE \$ 0.00
MISC. FEES \$ 300.00 ZONING CERT. FEE \$ 50.00 FIRE FEE \$ 0.00 WASTE FEE \$
FLOOD DEVELOPMENT FEE \$ FLOOD ZONE FEE \$ 25.00 CULVERT FEE \$ **TOTAL FEE** 375.00

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 RECIEVES AN APPROVED INSPECTION EVERY 180 DAYS. WORK SHALL BE CONSIDERED NOT SUSPENDED, ABANDONED OR INVALID WHEN THE PERMIT HAS RECIEVED AN APPROVED INSPECTION WITHIN 180 DAYS OT THE PREVIOUS INSPECTION.

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

PERMIT APPLICATION / MANUFACTURED HOME INSTALLATION APPLICATION

386-362-8324 Jack

For Office Use Only (Revised 1-10-08) Zoning Official BLK 18.01.11 Building Official J.C. 1-14-11

AP# 1101-13 Date Received 1-13-11 By LH Permit # 29215

Flood Zone X Development Permit N/A Zoning A-3 Land Use Plan Map Category A-3

Comments Replacing existing mth

FEMA Map# N/A Elevation N/A Finished Floor 1' above Rd River N/A In Floodway N/A

☒ Site Plan with Setbacks Shown ☒ EH # 11-0021-E ☐ EH Release ☐ Well letter ☒ Existing well

☒ Recorded Deed or Affidavit from land owner ☒ Letter of Auth. from installer ☐ State Road Access

☐ Parent Parcel # _____ ☐ STUP-MH _____ ☐ F W Comp. letter _____

IMPACT FEES: EMS _____ Fire _____ Corr _____ Road/Code out of Co.

School _____ = TOTAL N/A replacing existing dwelling DVF form In Co. for

Call Property ID # 06-65-17-09615-101 Subdivision LOT 1 HIGHLAND FARM

▪ New Mobile Home _____ Used Mobile Home ☒ MH Size 28x64 Year 1992

▪ Applicant Jack Flowers Phone # 386-365-0110

▪ Address P.O. Box 64 FORT WHITE FL. 32038

▪ Name of Property Owner M-A-S Trust Phone# 386-365-0110

☒ 911 Address 397 SW Norma Jean Gln, Lake City FL 32024

▪ Circle the correct power company - FL Power & Light - Clay Electric

(Circle One) - Suwannee Valley Electric - Progress Energy

▪ Name of Owner of Mobile Home Butler Trust Phone # 386-365-0110

Address P.O. Box 64 FORT WHITE FL. 32038

▪ Relationship to Property Owner Owner

▪ Current Number of Dwellings on Property 1

▪ Lot Size 330'x 660' Total Acreage 5 AC

▪ Do you : Have Existing Drive or Private Drive or need Culvert Permit or Culvert Waiver (Circle one)

(Currently using) (Blue Road Sign) (Putting in a Culvert) (Not existing but do not need a Culvert)

▪ Is this Mobile Home Replacing an Existing Mobile Home YES

▪ Driving Directions to the Property Go South on 41 to CR 131 TR
go to Norma Jean Gln TR go 1/4 mile to property
on right at curve

▪ Name of Licensed Dealer/Installer Florida Wholesale Homes *Jack Flowers* Phone # 386-362-1171

▪ Installers Address 7434 CR 795 LIVE OAK FL 32060

▪ License Number DIH000090 Installation Decal # 303584

DIH1016037

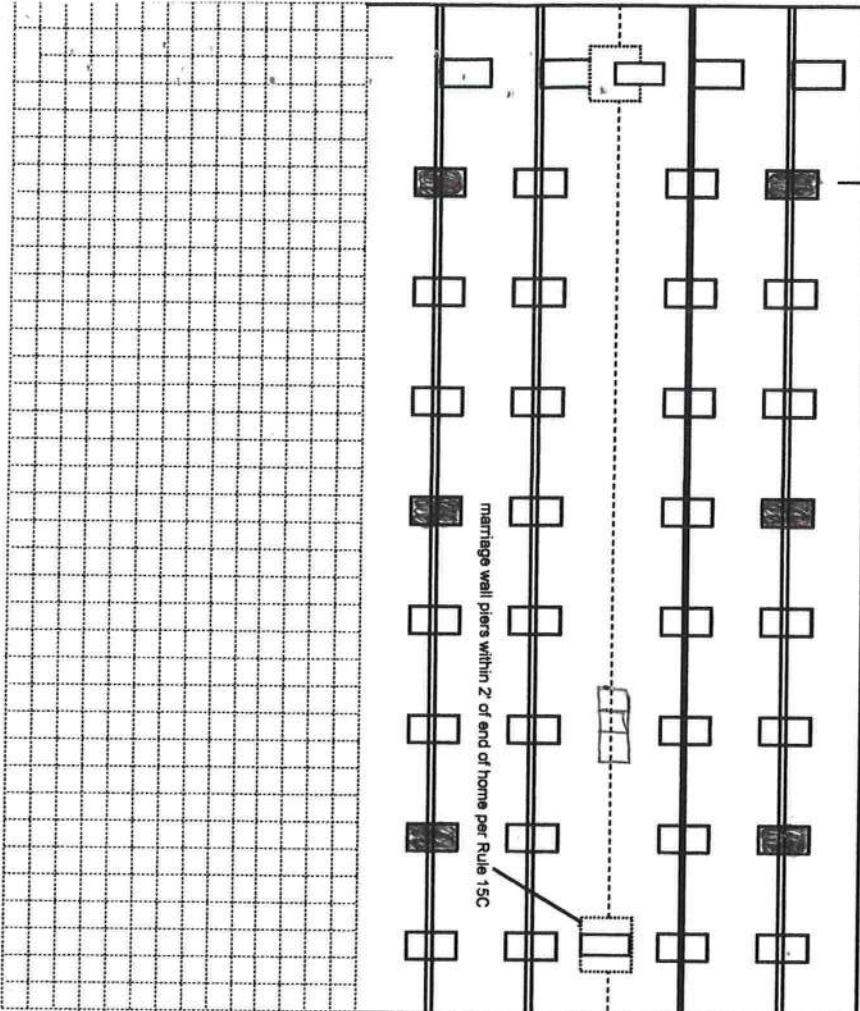
Left Message 1-18-11

Installer Florida Wholesale Homes License # DIH000096
 Manufacturer HAAR Length x Width 64 x 28
 Name of Owner of this Mobile Home BUTLER TRUST
 Phone 386-365-0110
 Address P.O. BOX 64 FORT WHITE FL. 32038

NOTE: *if home is a single wide fill out one half of the blocking plan if home is a triple or quad wide sketch in remainder of home*

I understand Lateral Arm Systems cannot be used on any home (new or used) where the sidewall ties exceed 5 ft 4 in.

Installer's initials gpt



New Home ☐ Used Home ☒ Year
 Home installed to the Manufacturer's Installation Manual ☐
 Home is installed in accordance with Rule 15-C ☒
 Single wide ☐ Wind Zone II ☒ Wind Zone III ☐
 Double wide ☒ Installation Decal # 303584
 Triple/Quad ☐ Serial # GAFLN 35A 05855
GAFLN 35B 05855

PIER SPACING TABLE FOR USED HOMES

Load bearing capacity (sq in)	Footer size (256)	18 1/2" x 18 (342)	20" x 20" (400)	22" x 22" (484)*	24" x 24" (576)*	26" x 26" (676)
1000 dsf	3'	4'	5'	6'	7'	8'
1500 dsf	4'6"	6'	7'	8'	8'	8'
2000 dsf	6'	8'	8'	8'	8'	8'
2500 dsf	7'6"	8'	8'	8'	8'	8'
3000 dsf	8'	8'	8'	8'	8'	8'
3500 dsf	8'	8'	8'	8'	8'	8'

* interpolated from Rule 15C-1 pier spacing table.

PIER PAD SIZES

I-beam pier pad size 23x31
 Perimeter pier pad size 18x18

Other pier pad sizes (required by the mfg.)

Draw the approximate locations of marriage wall openings 4 foot or greater. Use this symbol to show the piers.

List all marriage wall openings greater than 4 foot and their pier pad sizes below.

Opening 6 Pier pad size 23x31

TIEDOWN COMPONENTS

Longitudinal Stabilizing Device (LSD)
 Manufacturer CLIVER TECHNOLOGIES
 Longitudinal Stabilizing Device w/ Lateral Arms
 Manufacturer

POPULAR PAD SIZES

Pad Size	Sq in
16 x 16	256
16 x 18	288
18.5 x 18.5	342
16 x 22.5	360
17 x 22	374
13 1/4 x 26 1/4	348
20 x 20	400
17 3/16 x 25 3/16	441
17 1/2 x 25 1/2	446
24 x 24	576
26 x 26	676

ANCHORS

FRAME TIES

within 2' of end of home spaced at 5' 4" oc

OTHER TIES

Sidewall 30
 Longitudinal Marriage wall 6
 Shearwall

676
 Rea.
 682
 provided

POCKET PENETROMETER TEST

The pocket penetrometer tests are rounded down to _____ psf or check here to declare 1000 lb. soil ☒ without testing.

X _____ X _____ X _____

POCKET PENETROMETER TESTING METHOD

1. Test the perimeter of the home at 6 locations.
2. Take the reading at the depth of the footer.
3. Using 500 lb. increments, take the lowest reading and round down to that increment.

X _____ X _____ X _____

TORQUE PROBE TEST

The results of the torque probe test is 285 inch pounds or check here if you are declaring 5' anchors without testing. A test showing 275 inch pounds or less will require 4 foot anchors.

Note: A state approved lateral arm system is being used and 4 ft. anchors are allowed at the sidewall locations. I understand 5 ft anchors are required at all centerline tie points where the torque test reading is 275 or less and where the mobile home manufacturer may requires anchors with 4000 lb holding capacity.

Installer's initials gkf

ALL TESTS MUST BE PERFORMED BY A LICENSED INSTALLER

Installer Name

Floreida Wholesale Home by John Flowers

Date Tested

01-05-11

Electrical

Connect electrical conductors between multi-wide units, but not to the main power source. This includes the bonding wire between multi-wide units. Pg. ✓

Plumbing

Connect all sewer drains to an existing sewer tap or septic tank. Pg. ✓

Connect all potable water supply piping to an existing water meter, water tap, or other independent water supply systems. Pg. ✓

Site Preparation

Debris and organic material removed ☒ Swale ☒ Pad ☒ Other _____

Fastening multi wide units

Floor: Type Fastener: lag screws Length: 7" Spacing: 24"
Walls: Type Fastener: lag screws Length: 7" Spacing: 24"
Roof: Type Fastener: screws Length: 6" Spacing: 24"
For used homes a min. 30 gauge, 8" wide, galvanized metal strip will be centered over the peak of the roof and fastened with galv. roofing nails at 2" on center on both sides of the centerline.

Gasket (weatherproofing requirement)

I understand a properly installed gasket is a requirement of all new and used homes and that condensation, mold, mildew and buckled marriage walls are a result of a poorly installed or no gasket being installed. I understand a strip of tape will not serve as a gasket.

Installer's initials gkf

Installed:

Type gasket foam

Between Floors Yes ☒
Between Walls Yes ☒
Bottom of ridgebeam Yes ☒

Weatherproofing

The bottomboard will be repaired and/or taped. Yes ☒ Pg. _____
Siding on units is installed to manufacturer's specifications. Yes ☒
Fireplace chimney installed so as not to allow intrusion of rain water. Yes ☒

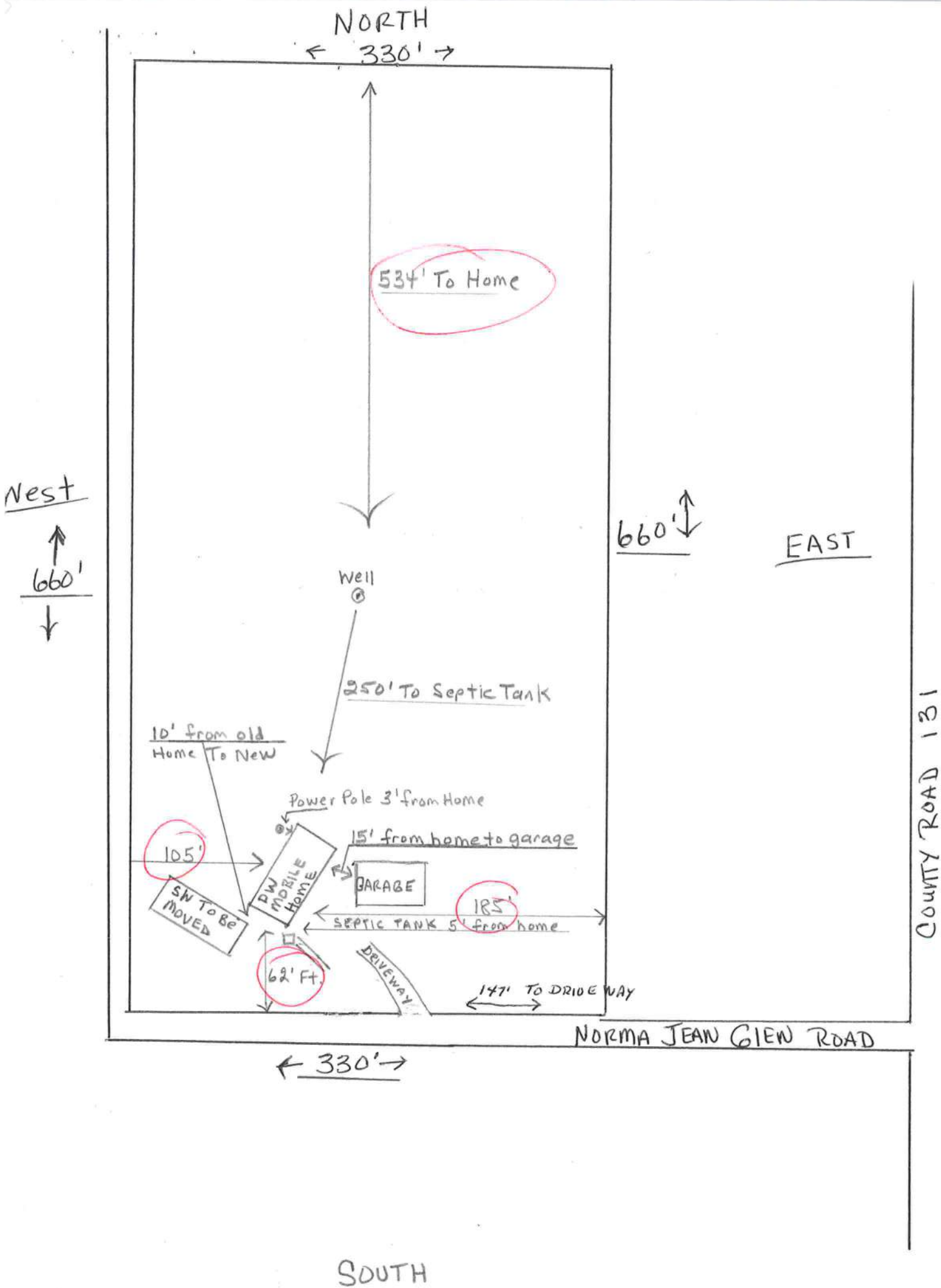
Miscellaneous

Skirting to be installed. Yes ☒ No ☒ by customer
Dryer vent installed outside of skirting. Yes ☒ N/A ☒
Range downflow vent installed outside of skirting. Yes ☒ N/A ☒
Drain lines supported at 4 foot intervals. Yes ☒
Electrical crossovers protected. Yes ☒
Other: _____

Installer verifies all information given with this permit worksheet is accurate and true based on the

Installer Signature John Flowers

Date 05-05-11



ATS# 15962

This Instrument Prepared By:
Michael H. Harrell
Abstract & Title Services, Inc.
283 NW Cole Terrace
Lake City, Florida 32055

WARRANTY DEED

THIS INDENTURE, made this 9th day of August, 2006, by and between James Darrell Borchardt, A Single Person, hereinafter referred to as Grantor, to Russell-Norman: Payne, as Trustee of M-A-S: TRUST, with full power to manage, conserve, sell and transfer subject property, whose mailing address is: PO Box 9094, Chattanooga, TN 37412;

WITNESSETH: That said Grantor, for and in consideration of the sum of Ten Dollars (\$10.00), and other good and valuable considerations to said Grantor in hand paid by said Grantee, the receipt whereof is hereby acknowledged, has granted, bargained and sold to the said Grantee, and Grantee's heirs and assigns forever, the following described land, situate, lying and being in Columbia County, Florida, to-wit:

LOT 1, OF HIGHLAND FARMS, A SUBDIVISION ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 5, PAGE 87, OF THE PUBLIC RECORDS OF COLUMBIA COUNTY, FLORIDA.

TOGETHER WITH A 1985 SANT SWMH ID #: FS61S3FB4088GA.

And said Grantor does hereby fully warrants the title to said land, and will defend the same against the lawful claims of all persons whomsoever.

The terms "Grantor" and "Grantee" are used for singular or plural, as context requires.

IN WITNESS WHEREOF, Grantor has hereunto set Grantor's hand and seal the day and year first above written.

Signed, Sealed, and Delivered in the presence of:

Cheryl Beatty
WITNESS
Cheryl Beatty
Printed Name
Traci Landry
WITNESS
Traci Landry
Printed Name

James Darrell Borchardt
James Darrell Borchardt

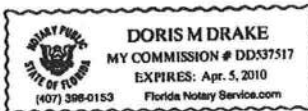
STATE OF FLORIDA
COUNTY OF COLUMBIA

The foregoing instrument was acknowledged before me this 9th day of August, 2006, by James Darrell Borchardt, A Single Person, who is personally known to me or produced a driver's license as identification, and who did not take an oath.

(SEAL)

[Signature]
NOTARY PUBLIC

My Commission Expires:



Inst:2006019381 Date:08/15/2006 Time:15:49
Doc Stamp-Deed : 1603.00
S.F. DC, P. DeWitt Cason, Columbia County B:1092 P:2512

Columbia County Property Appraiser

DB Last Updated: 1/6/2011

2010 Tax Year

Parcel: 06-6S-17-09615-101

<< Next Lower Parcel Next Higher Parcel >>

Tax Collector

Tax Estimator

Property Card

Parcel List Generator

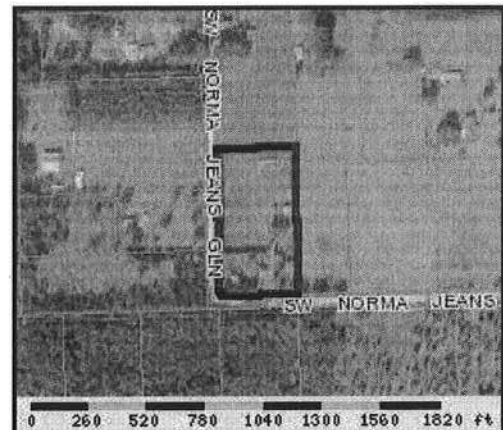
Interactive GIS Map

Print

Owner & Property Info

Search Result: 1 of 1

Owner's Name	PAYNE RUSSELL-NORMAN TRUSTEE		
Mailing Address	OF M-A-S TRUST C/O FRANCES ANN TANNER P O BOX 64 FT WHITE, FL 32038-0064		
Site Address	397 SW NORMA JEAN GLN		
Use Desc. (code)	MOBILE HOM (000200)		
Tax District	3 (County)	Neighborhood	6617
Land Area	0.000 ACRES	Market Area	02
Description	NOTE: This description is not to be used as the Legal Description for this parcel in any legal transaction. LOT 1 HIGHLAND FARMS S/D. ORB 790-1825. WD 1092-2512		



Property & Assessment Values

2010 Certified Values		
Mkt Land Value	cnt: (0)	\$47,360.00
Ag Land Value	cnt: (2)	\$0.00
Building Value	cnt: (1)	\$13,982.00
XFOB Value	cnt: (5)	\$35,478.00
Total Appraised Value		\$96,820.00
Just Value		\$96,820.00
Class Value		\$0.00
Assessed Value		\$96,820.00
Exempt Value	(code: HX)	\$50,000.00
Total Taxable Value	Cnty: \$46,820 Other: \$46,820 Schl:	\$71,820

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
8/9/2006	1092/2512	WD	I	U	09	\$229,000.00
3/31/1994	790/1825	WD	I	U	02	\$0.00
2/25/1991	742/439	WD	V	U	34	\$11,400.00

Building Characteristics

Bldg Item	Bldg Desc	Year Blt	Ext. Walls	Heated S.F.	Actual S.F.	Bldg Value
1	MOBILE HME (000800)	1985	AVERAGE (05)	732	1228	\$11,662.00
Note: All S.F. calculations are based on exterior building dimensions.						

Extra Features & Out Buildings

Code	Desc	Year Blt	Value	Units	Dims	Condition (% Good)
0296	SHED METAL	2008	\$400.00	0000001.000	0 x 0 x 0	(000.00)
0200	GARAGE F	1994	\$18,720.00	0000936.000	26 x 36 x 0	(000.00)
0252	LEAN-TO W/	2008	\$2,588.00	0001035.000	69 x 15 x 0	(000.00)

{Seal}

Memorandum of Trust



THIS Memorandum of Trust made and entered into this 10 August 2006 by Russell-Norman: Payne, Trustee under that certain Trust Agreement dated 29 July 2005, is being recorded to memorialize and place on the public record notice of the existence of said Trust which among its assets includes real property (described below) which under the terms of the trust provides for the present Lawful Possessory Right of Use in the name of **Horace-Eugene: Tanner**, (SSN 261 70 5662) and spouse **Frances-Ann** (SSN 265 90 1375) at the location of - 397 SW NORMA JEAN GLEN, Lake City, Florida [32024] (with Tax ID: R09615-101; Lot 1, Highland Farms S/D) for Homestead Purposes as accorded in the Florida Constitution: Article VII, section 6(a) and in accordance with Department of Revenue Rule 12D-7.011. This is recorded in compliance with F.S. 196.031[1] as amended by Sec. 10, Chapter 93-132, Laws of Florida which may entitle the following described property to Homestead Exemption status if all other requirements are met.

THIS is to say that the M-A-S: TRUST specifically provides that the Trustee of the M-A-S: TRUST has determined that Horace-Eugene: Tanner, and spouse Frances-Ann at the location of - 397 SW NORMA JEAN GLEN, Lake City, Florida [32024] (Tax ID: R09615-101; Lot 1, Highland Farms S/D) has the Right to Use, an Equitable Title, property as described below for the natural life-time of each.

LEGAL DESCRIPTION SET FORTH BELOW OR ATTACHED AS EXHIBIT "A".

Lot 1, of Highland Farms, a Subdivision according to the Plat thereof as Recorded in Plat Book 5, p 87, of the county of Columbia [Florida]. Included is (one) 1, 1985 Sant Mobile Home with an RP Sticker. Said Property is further identified by Parcel Number 06-6S-17-09615-001.

Made and Done in [Florida] the county of Columbia, in the town of Lake City on the

10th day of August, 2006 by -- Russell-Norman: Payne {Seal}

Russell-Norman: Payne, M-A-S: TRUST, Trustee.

Horace-Eugene: Tanner {Seal}

Horace-Eugene: Tanner, Holder of the Right to Use

Frances-Ann: Tanner {Seal}

Frances-Ann Tanner, Holder of the Right to Use

Then personally appeared before us the above named Horace-Eugene: Tanner, Frances-Ann Tanner: and, Russell-Norman: Payne, acknowledged the foregoing instrument to be their free act and deed. Witnessing we are:

Francis-Wayne: Mack
Witness

{Seal}

Novette Shy: Norman
Witness

{Seal}

Karen-Lynn: Stewart
Witness

{Seal}

{Seal}

Please Record and Return to --

M-A-S: TRUST,
Russell-Norman: Payne, Trustee,
c/o P. O. Box 9094,
Chattanooga, Tennessee. [37412]

Prepared By --

Francis-Wayne: Mack,
397 SW NORMA JEAN GLEN,
Lake City, Florida. [32024]

Go Frances Ann Tanner
PO Box 64
Ft. White, FL 32038

I. CREATION OF THE: Butler: TRUST: ORGANIZATION

THE SETTLOR Wayne Butler Holliday (hereinafter called the Settlor") hereby voluntarily and absolutely conveys, donates, aliens, remises, releases, assigns, confirms and delivers into trust Twenty-one (21) United-States Mint Silver-Dollars, coined prior to 1933, and other property, owned by the Settlor, and listed in Annex A attached hereto, for the holding in the Butler: TRUST: Organization: name -- Butler: TRUST-- pursuant to the terms, obligations, duties and powers of this Declaration of the Butler: TRUST: Organization as set forth herein, for the benefit of the Certificate Holders of the Butler: TRUST. Below named persons:

Horace Eugene Tanner
Frances Bivins Tanner
Lori Tanner Rowland
Maria LaShea Rowland

THE SETTLOR Wayne Butler Holliday OF THE Butler: TRUST hereby constitutes and appoints Kenneth E. Wagoner as the First-Trustee, for being, in fact, a Trustee of the Butler: TRUST: Organization hereby created and established. The First-Trustee may appoint a second Trustee and these Trustees may in turn appoint a third Trustee for the Butler: TRUST. The property of the Settlor and all other property any time transferred to and received by the Trustees of the Butler: TRUST, hereunder, is immediately assigned, conveyed and delivered unto said Trustees in Trust Irrevocable, whereby said Trustee is acting as absolute owner, or, if more than one Trustee, said Trustees are holding as joint tenants in fee simple and controlling as joint tenants and not as tenants in Common, under said Trustees' absolute and uncontrolled discretion, for the purposes, with the powers, and subject to the Butler: TRUST: Indenture and Minutes for the benefit of the holders of the Certificates of the Butler: TRUST (hereinafter called the "Certificate Holders"), who are holders, only, of the Certificates, without partnership, associate or any other relation or interest whatsoever inter sese. The Settlor hereby appoints the First-Trustee as the signer for the Butler: TRUST having the absolute, exclusive, authority for exercising uncontrolled discretion in bargaining, selling and conveying, and for the doing of all acts and things which in the trustees' judgment are necessary, proper, advantageous and or expedient without limit, for all purposes of sale, rent, lease, mortgage, exchange, investment and reinvestment, improvement and development, and any and all arrangements, in contracts, and dispositions of the property, or any part thereof of the Butler: TRUST. The Settlor by this Indenture, is designating the name of this trust as the: "Butler: TRUST" The term "Trustees" in this instrument shall be deemed to include the original First-Trustee and all successor Trustees. And be subject to the oversight of the Protector.

THE SIGNING. The acknowledging, assenting to, and Signing of this Contract (Indenture and Minutes) by the herein appointed Trustee of the Butler: TRUST. is constituting his/her acceptance of the Butler: TRUST: Organization: and the Butler: TRUST: Organization's property is immediately vesting in fee simple, without any further act or conveyance, Kenneth E. Wagoner is hereby accepting as the First- Trustee and Signer for the Butler: TRUST Kenneth E. Wagoner
DONE this day 2nd of April, in the Year of the Messiah. Our Savior 2008
The Butler: TRUST: Organization: name, "Butler: TRUST", and other things of value will constitute an Organization of the:

Territory of the state of Florida, one of the States united in the America.

Wayne Butler Holliday
Date: 4-2-08

Settlor,

DATE OF BIRTH:
BUYER:
CO/BUYER:

FLORIDA WHOLESALE HOMES OF LIVE OAK, INC.

7434 CR 795 • Live Oak, Florida 32060
(386) 362-1171 • Fax: (386) 362-1172

DRIVER'S LICENSE:
BUYER:
CO/BUYER:

In this contract the words I, ME and MY refer to the Buyer and Co-Buyer signing this contract. The words YOU and YOUR refer to the Dealer. Subject to the terms and conditions on both sides of this agreement you agree to sell and I agree to purchase the following described unit:

BUYER(S) <i>Butler Trust</i>		PHONE		DATE <i>1-5-2011</i>	
ADDRESS <i>P.O. Box 64 Fort White FL 32031</i>		SALESPERSON <i>Jack</i>			
DELIVERY ADDRESS <i>Same</i>		COUNTY <i>Columbia</i>			
MAKE & MODEL <i>HARBOR</i>		YEAR <i>92</i>	BD ROOMS <i>3</i>	FLOOR SIZE <i>L64 W28</i>	HITCH SIZE <i>L W</i>
SERIAL NUMBER <i>GAFL185A05855</i>		COLOR <i>Grey</i>		PROPOSED DELIVERY DATE <i>Jan. 2011</i>	
<input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED		KEY NUMBER			

LOCATION	R-VALUE	THICKNESS	TYPE OF INSULATION
CEILING			
EXTERIOR			
FLOORS			

THIS INSULATION INFORMATION WAS FURNISHED BY THE MANUFACTURER AND IS DISCLOSED IN COMPLIANCE WITH THE FEDERAL TRADE COMMISSION RULE 16CRF, SECTION 460.16.

OPTIONAL EQUIPMENT, LABOR AND ACCESSORIES

Delivered, Set-Up & Tied Down.	\$ <i>15,047.00</i>
Furnished _____; Unfurnished <input checked="" type="checkbox"/>	
Customer is responsible for any wrecker or bulldozer fees incurred on lot.	<i>agreed</i>
Standard Set-Up is 32". Customer responsible for having site ready. If site for placement of home is not relatively level before home is set-up, Customer will be responsible for additional costs if set-up is over 32".	<i>agreed</i>
Wheels and axles are deleted from home price.	<i>agreed</i>
Dealer will stub out sewer line to side wall of home only. Connections of sewer lines to septic and water supply line to home is customer's responsibility.	<i>agreed</i>
Customer is responsible for Gas and Electric Hook-ups.	<i>agreed</i>
All Homes must have Insurance before delivery.	<i>NA</i>
DEALER CAN NOT BE RESPONSIBLE FOR SETTLING OF LAND; CUSTOMER IS RESPONSIBLE FOR ANY RELEVELING AFTER INITIAL SET-UP.	<i>agreed</i>
DEPOSIT/DOWN PAYMENT NON-REFUNDABLE UPON APPROVAL.	<i>agreed</i>
USED HOMES SOLD AS IS (NO WARRANTY)	<i>agreed</i>
Permits are the responsibility of the customer. Dealer can procure, if desired, at cost plus time basis.	
<i>Dealer will pull MH & septic tank permit cost included in price.</i>	
BALANCE CARRIED TO OPTIONAL EQUIPMENT	\$ <i>15,047.00</i>

NOTE: WARRANTY, EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE REVERSE SIDE.

DESCRIPTION OF TRADE-IN	YEAR	SIZE
MAKE	MODEL	BEDROOMS
TITLE NO.	SERIAL NO.	COLOR
AMOUNT OWING TO WHOM		
ANY DEBT I OWE ON THE TRADE-IN IS TO BE PAID BY <input type="checkbox"/> YOU <input type="checkbox"/> ME		

This agreement contains the entire understanding between you and me and no other representation or inducement, Verbal or written, has been made which is not contained in this contract. You and I certify that the additional terms and conditions printed on the other side of this contract are agreed to as part of this agreement, the same as is printed above the signatures. I am purchasing the above described trailer, manufactured home or vehicle; the optional equipment and accessories, the insurance as described has been voluntary; that my trade-in is free from all claims whatsoever, except as noted.

I, OR WE, ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT I, OR WE, HAVE READ AND UNDERSTAND THE BACK OF THIS AGREEMENT.

FLORIDA WHOLESALE HOMES OF LIVE OAK, INC. DEALER

NOT VALID UNLESS SIGNED AND ACCEPTED BY AN OFFICER OF THE COMPANY

BY *Jack R. Thawen* APPROVED

SIGNED X *Francis Annis* BUYER

SOCIAL SECURITY NO. _____

SIGNED X _____ BUYER

SOCIAL SECURITY NO. _____

You and I certify that the additional terms and conditions printed on the other side of this contract are agreed to as part of this agreement, the same as is printed above described unit; the optional equipment, accessories and insurance, if included, voluntarily. My trade-in is free from all claims whatsoever except as noted. You and I agree that if any paragraph or provision violates the law and is unenforceable, the rest of the contract will be valid. Liquidated damages are agreed to be \$ _____ or 10% of the cash price, whichever is greater.

Dealer will replace broken window

Identification Number GAFLN35A05855	Year 1992	Make HARB	Body HS	WT-L-BHP 64	Vessel Regis. No.	Title Number 64264777
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Registered Owner:

Date of Issue

01/07/2011

FLORIDA WHOLESALE HOMES OF LIVE OAK, INC
7434 CR 795
LIVE OAK, FL 32060

Lien Release
Interest in the described vehicle is hereby released
By _____
Title _____
Date _____

IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.hsmv.state.fl.us/html/titlinf.html>

Mail To:

FLORIDA WHOLESALE HOMES OF LIVE OAK, INC
7434 CR 795
LIVE OAK, FL 32060

CERTIFICATE OF TITLE

Identification Number GAFLN35A05855	Year 1992	Make HARB	Body HS	WT-L-BHP 64	Vessel Regis. No.	Title Number 64264777
Prev. State FL	Color UNK	Primary Brand	Secondary Brand	No. of Brands	Use PRIVATE	Prev Issue Date 09/20/2010
Odometer Status or Vessel Manufacturer or OH use				Hull Material	Prop	Date of Issue 01/07/2011

Lien Release
Interest in the described vehicle is hereby released
By _____
Title _____
Date _____

Registered Owner

FLORIDA WHOLESALE HOMES OF LIVE OAK, INC
7434 CR 795
LIVE OAK, FL 32060

1st Lienholder
NONE

DIVISION OF MOTOR VEHICLES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford
Carl A. Ford
Director

Julie L. Jones
Julie L. Jones
Executive Director

Control Number **095270122**
31 / 1 95270122

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name:

Address:

Seller Must Enter Selling Price:

Seller Must Enter Date Sold:

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads _____ (no tenths) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading:
☐ 1. reflects ACTUAL MILEAGE. ☐ 2. is IN EXCESS OF ITS MECHANICAL LIMITS. ☐ 3. is NOT THE ACTUAL MILEAGE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.SELLER Must
Sign Here:CO-SELLER Must
Sign Here:

Print Here:

Print Here:

Selling Dealer's License Number:

Tax No.:

Tax Collected:

Auction Name:

License Number:

PURCHASER Must
Sign Here:CO-PURCHASER Must
Sign Here:

Print Here:

Print Here:

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE

T# 648927257
B# 445031

Identification Number GAFLN35B05855	Year 1992	Make HARB	Body HS	WT-L-BHP 64	Vessel Regis. No.	Title Number 64264776
---	---------------------	---------------------	-------------------	-----------------------	-------------------	---------------------------------



Registered Owner:

Date of Issue 01/07/2011

FLORIDA WHOLESALE HOMES OF LIVE OAK, INC
7434 CR 795
LIVE OAK, FL 32060

Lien Release
 Interest in the described vehicle is hereby released
 By _____
 Title _____
 Date _____

Mail To:

FLORIDA WHOLESALE HOMES OF LIVE OAK, INC
7434 CR 795
LIVE OAK, FL 32060

IMPORTANT INFORMATION

1. When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
2. Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
3. Remove your license plate from the vehicle.
4. See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.hsmv.state.fl.us/html/titlinfo.html>

CERTIFICATE OF TITLE

Identification Number GAFLN35B05855	Year 1992	Make HARB	Body HS	WT-L-BHP 64	Vessel Regis. No.	Title Number 64264776
Prev. State FL	Color UNK	Primary Brand	Secondary Brand	No. of Brands	Use PRIVATE	Prev Issue Date 09/20/2010
Odometer Status or Vessel Manufacturer or OH use				Hull Material	Prop.	Date of Issue 01/07/2011

Lien Release
 Interest in the described vehicle is hereby released
 By _____
 Title _____
 Date _____

Registered Owner

FLORIDA WHOLESALE HOMES OF LIVE OAK, INC
7434 CR 795
LIVE OAK, FL 32060

1st Lienholder
NONE

DIVISION OF MOTOR VEHICLES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford
 Carl A. Ford
 Director

Julie L. Jones
 Julie L. Jones
 Executive Director

Control Number **095270123**
 31 / 1 95270123

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name: _____ Address: _____

Seller Must Enter Selling Price: _____ Seller Must Enter Date Sold: _____

I/We state that this ☐ 5 or ☐ 6 digit odometer now reads _____ (no tenths) miles, date read _____ and I hereby certify that to the best of my knowledge the odometer reading: ☐ 1. reflects ACTUAL MILEAGE. ☐ 2. is IN EXCESS OF ITS MECHANICAL LIMITS. ☐ 3. is NOT THE ACTUAL MILEAGE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here: _____ CO-SELLER Must Sign Here: _____

Print Here: _____ Print Here: _____

Selling Dealer's License Number: _____ Tax No.: _____ Tax Collected: _____

Auction Name: _____ License Number: _____

PURCHASER Must Sign Here: _____ CO-PURCHASER Must Sign Here: _____

Print Here: _____ Print Here: _____

NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.

SUBCONTRACTOR VERIFICATION FORM

APPLICATION NUMBER _____ CONTRACTOR _____ PHONE _____

THIS FORM MUST BE SUBMITTED PRIOR TO THE ISSUANCE OF A PERMIT

In Columbia County one permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the permit. Per Florida Statute 440 and Ordinance 89-6, a contractor shall require all subcontractors to provide evidence of workers' compensation or exemption, general liability insurance and a valid Certificate of Competency license in Columbia County.

Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.

ELECTRICAL	Print Name <u>HOVACE Eugene Tanner</u> Signature <u>HOVACE Eugene Tanner</u> License #: _____ Phone #: _____
MECHANICAL/ A/C _____	Print Name <u>HOVACE Eugene Tanner</u> Signature <u>HOVACE Eugene Tanner</u> License #: _____ Phone #: _____
PLUMBING/ GAS	Print Name _____ Signature _____ License #: <u>Owner Also</u> Phone #: <u>↓</u>
ROOFING	Print Name _____ Signature _____ License #: _____ Phone #: _____
SHEET METAL	Print Name _____ Signature _____ License #: _____ Phone #: _____
FIRE SYSTEM/ SPRINKLER	Print Name _____ Signature _____ License #: _____ Phone #: _____
SOLAR	Print Name _____ Signature _____ License #: _____ Phone #: _____

Specialty License	License Number	Sub-Contractors Printed Name	Sub-Contractors Signature
MASON			
CONCRETE FINISHER			
FRAMING			
INSULATION			
STUCCO			
DRYWALL			
PLASTER			
CABINET INSTALLER			
PAINTING			
ACOUSTICAL CEILING			
GLASS			
CERAMIC TILE			
FLOOR COVERING			
ALUM/VINYL SIDING			
GARAGE DOOR			
METAL BLDG ERECTOR			

F. S. 440.103 Building permits; identification of minimum premium policy.--Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

DUAL PERMITS AND ZONING
APPLICABLE TO THIS PERMIT

1111-13

fax back to
386-758-2160
Thanked.

CODE ENFORCEMENT DEPARTMENT
COLUMBIA COUNTY, FLORIDA
OUT OF COUNTY MOBILE HOME INSPECTION REPORT

COUNTY THE MOBILE HOME IS BEING MOVED FROM Swansee
OWNERS NAME Florida Wholesale Homes PHONE 386-362-1171 CELL 386-362-
INSTALLER Same PHONE Same CELL 8324
INSTALLERS ADDRESS 7434 Cr 795 Lulu Oak Fl 32060

MOBILE HOME INFORMATION

MAKE Harb YEAR 1992 SIZE 28 x 64
COLOR Grey SERIAL NO. 2AFLN 35805855
WIND ZONE II SERIAL NO. 2AFLN 35805855
SMOKE DETECTOR YES

INTERIOR:
FLOORS Carpet + Vinyl
DOORS OK
WALLS OK
CABINETS OK
ELECTRICAL (FIXTURES/OUTLETS) OK
EXTERIOR:
WALLS / SIDING OK
WINDOWS YES
DOORS YES

STATUS:
APPROVED _____ NOT APPROVED _____

NOTES: _____

INSTALLER OR INSPECTORS PRINTED NAME Jack Flowers
Installer/Inspector Signature Jack Flowers License No. _____ Date 1-13-11

ONLY THE ACTUAL LICENSE HOLDER OR A BUILDING INSPECTOR CAN SIGN THIS FORM.

NO WIND ZONE ONE MOBILE HOMES WILL BE PERMITTED. MOBILE HOMES PRIOR TO 1977 ARE PRE-HUD AND THE WIND ZONE MUST BE PROVEN TO BE PERMITTED.

BEFORE THE MOBILE HOME CAN BE MOVED INTO COLUMBIA COUNTY THIS FORM MUST BE COMPLETED AND RETURNED TO THE COLUMBIA COUNTY BUILDING DEPARTMENT.

ONCE MOVED INTO COLUMBIA COUNTY AN INSPECTOR MUST COMPLETE A PRELIMINARY INSPECTION ON THE MOBILE HOME. CALL 386-719-2938 TO SET UP THIS INSPECTION. NO PERMIT WILL BE ISSUED BEFORE THIS IS DONE.

Code Enforcement Approval Signature [Signature] Date 1-14-11

COLUMBIA COUNTY 9-1-1 ADDRESSING

P. O. Box 1787, Lake City, FL 32056-1787

PHONE: (386) 758-1125 * FAX: (386) 758-1365 * Email: ron_croft@columbiacountyfla.com

Addressing Maintenance

To maintain the Countywide Addressing Policy you must make application for a 9-1-1 Address at the time you apply for a building permit. The established standards for assigning and posting numbers to all principal buildings, dwellings, businesses and industries are contained in Columbia County Ordinance 2001-9. The addressing system is to enable Emergency Service Agencies to locate you in an emergency, and to assist the United States Postal Service and the public in the timely and efficient provision of services to residents and businesses of Columbia County.

DATE REQUESTED: 1/13/2011 DATE ISSUED: 1/14/2011

ENHANCED 9-1-1 ADDRESS:

397 SW NORMA JEAN GLN
LAKE CITY FL 32024

PROPERTY APPRAISER PARCEL NUMBER:

06-6S-17-09615-101

Remarks:

RE-ISSUE OF EXISTING ADDRESS TO REPLACEMENT STRUCTURE ON
PARCEL (NO CHANGE OF ACCESS, SMALL CHANGE OF STRUCTURE
LOCATION)

Address Issued By: SIGNED / RONAL N. CROFT
Columbia County 9-1-1 Addressing / GIS Department

**NOTICE: THIS ADDRESS WAS ISSUED BASED ON LOCATION
INFORMATION RECEIVED FROM THE REQUESTER. SHOULD,
AT A LATER DATE, THE LOCATION INFORMATION BE FOUND
TO BE IN ERROR, THIS ADDRESS IS SUBJECT TO CHANGE.**

11-0021E

990252
DATE PAID: 1/14/11
FEE PAID: 185.50
RECEIPT #: 152835



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. 990252
DATE PAID: 1/14/11
FEE PAID: 185.50
RECEIPT #: 152835

APPLICATION FOR:

[] New System [x] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary []

APPLICANT: M-A-S: TRUST (386)-755-1949

AGENT: FRANCIS Ann Tanner TELEPHONE: 386-365-0110

MAILING ADDRESS: P.O. Box 64 FORT WHITE FL 32038

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

PROPERTY INFORMATION

LOT: 1 BLOCK: SUBDIVISION: HIGHLAND FARMS PLATTED: YES

PROPERTY ID #: 06 65 17 09615 101 ZONING: I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: 5 ACRES WATER SUPPLY: [x] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: FT

PROPERTY ADDRESS: 397 SW NORMA JEAN GLEN, LAKE CITY FL 32024

DIRECTIONS TO PROPERTY: 397 SW NORMA JEAN GLEN Lake City
Go south on 41 to CR 131 TR Go To Norma Jean Glen
Turn Right Property 1/4 mi on right.

BUILDING INFORMATION

[x] RESIDENTIAL [] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
---------	-----------------------	-----------------	--------------------	--

1	mobile home	3	1792	ORIGINAL ATTACHED
---	-------------	---	------	-------------------

2				
---	--	--	--	--

3				
---	--	--	--	--

4				
---	--	--	--	--

[x] Floor/Equipment Drains [] Other (Specify)

SIGNATURE: M A S TRUST by Francis Ann Tanner DATE: 1-13-11



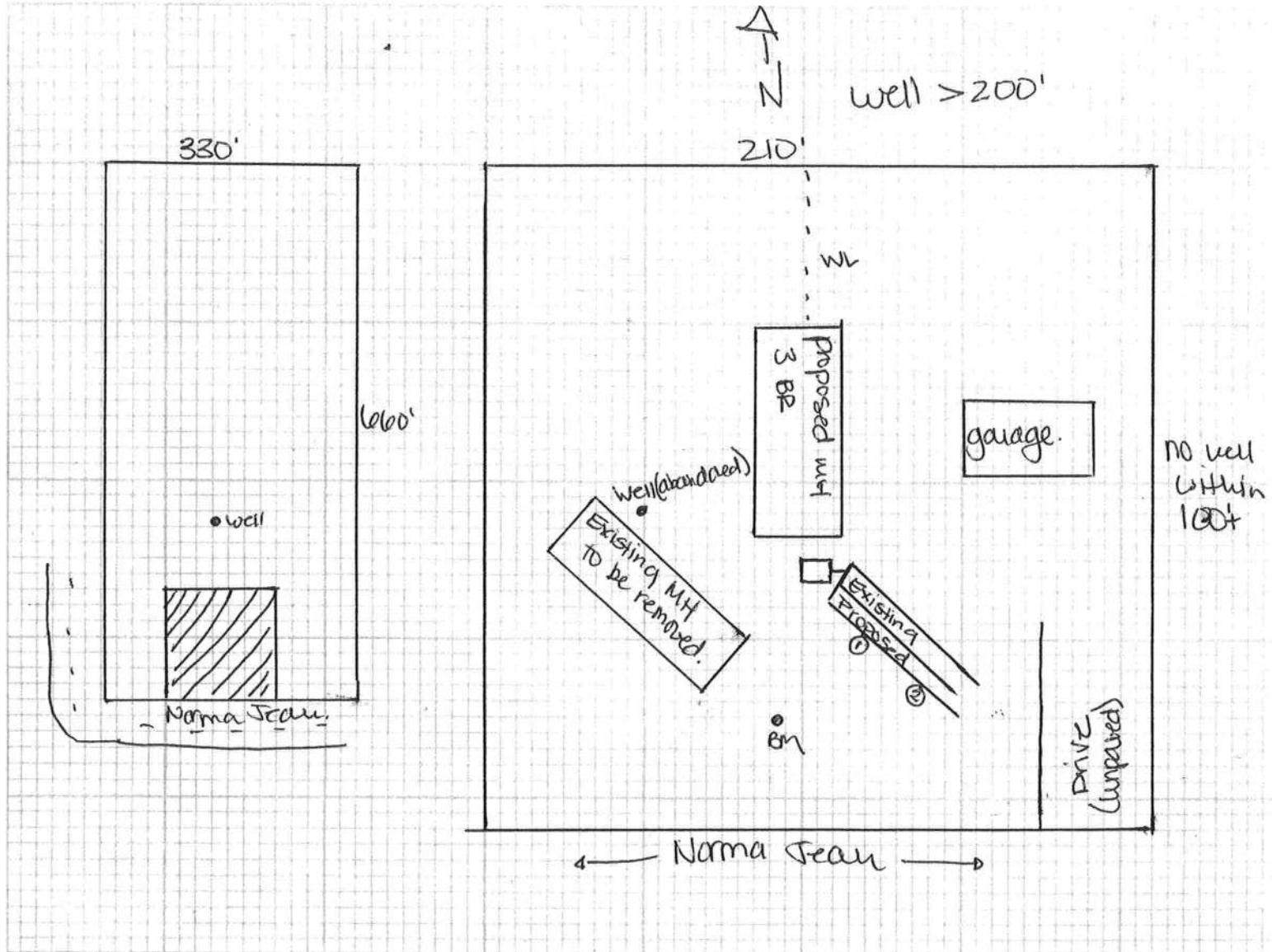
STATE OF FLORIDA
DEPARTMENT OF HEALTH

APPLICATION FOR ONSITE SEWAGE DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit Application Number 11-0021M

PART II - SITE PLAN

Scale: Each block represents 5 feet and 1 inch = 50 feet.



Notes: _____

Site Plan submitted by: _____

Plan Approved X Signature _____ Title _____
Not Approved _____ Date _____

By [Signature] County Health Department

ALL CHANGES MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT

CODE ENFORCEMENT
PRELIMINARY MOBILE HOME INSPECTION REPORT

DATE RECEIVED 2-23-11 BY LH 1101-13 IS THE MH ON THE PROPERTY WHERE THE PERMIT WILL BE ISSUED? Yes
OWNERS NAME M-A-S Trust PHONE 386-365-0110 CELL _____
ADDRESS 397 SW Norma Jean Gl, Lake City, FL 32024
MOBILE HOME PARK _____ SUBDIVISION Highland Farms Lot 1
DRIVING DIRECTIONS TO MOBILE HOME 41 South, (D) 131, (E) Norma Jean Gl,
74 mile to property on (E) at Curve

MOBILE HOME INSTALLER Jack Flowers PHONE 886-362-1121 CELL 386-362-8384

MOBILE HOME INFORMATION

MAKE Harbor YEAR 92 SIZE 64 x 28 COLOR Grey
SERIAL No. GAFEN35A/B05855
WIND ZONE II Must be wind zone II or higher NC WIND ZONE I ALLOWED

INSPECTION STANDARDS

INTERIOR:

(P or F) - P= PASS F= FAILED

☒ SMOKE DETECTOR () OPERATIONAL () MISSING
☒ FLOORS () SOLID () WEAK () HOLES DAMAGED LOCATION
☒ DOORS () OPERABLE () DAMAGED
☒ WALLS () SOLID () STRUCTURALLY UNSOUND
☒ WINDOWS () OPERABLE () INOPERABLE
☒ PLUMBING FIXTURES () OPERABLE () INOPERABLE () MISSING
☒ CEILING () SOLID () HOLES () LEAKS APPARENT
☒ ELECTRICAL (FIXTURES/OUTLETS) () OPERABLE () EXPOSED WIRING () OUTLET COVERS MISSING () LIGHT FIXTURES MISSING

\$50.00

Date of Payment: 1-13-11

Paid By: Owner

Notes: paid

1101-13

**Call Jack to let him know if it passed.*

EXTERIOR:

☒ WALLS / SIDING () LOOSE SIDING () STRUCTURALLY UNSOUND () NOT WEATHERTIGHT () NEEDS CLEANING
☒ WINDOWS () CRACKED/ BROKEN GLASS () SCREENS MISSING () WEATHERTIGHT
☒ ROOF () APPEARS SOLID () DAMAGED

STATUS

APPROVED ☒ WITH CONDITIONS _____

NOT APPROVED _____ NEED RE-INSPECTION FOR FOLLOWING CONDITIONS _____

SIGNATURE

A. S. P.

ID NUMBER

402

DATE

2-23-11