

LIMITED POWER of ATTORNEY



Date:

6-24-25

To Whom It May Concern:

License Holder: WILLIAM PRINGLE

State License: EC13015190

Firm Address: 4180 S US HWY 441 LAKE CITY FL 32025

Telephone Number: 1-904-405-7648

I hereby authorize the following individuals to act as my agent in all areas of permitting and licensing procedure with the municipality to which this is presented.

X

This authorization is for sign permits at various locations and to register the contractor

This authorization is for the following location:

Cindy Gould

Edward Krauss

Vincent Evangelista

Wayne Laxton

Brody Pack

Date

6-24-25

Signed:

William Pringle
Contractor

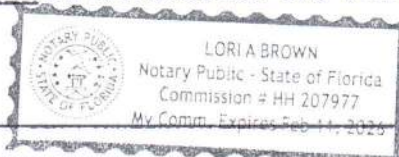
CONTRACTORS SIGNATURE NOTARIZED:

State of Florida

County of DAVAL

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 24th day of June 20 25 by WILLIAM PRINGLE who is personally known to me, or ☒ has produced FDL exp 6/6/37 as identification and who did not take an oath.

[Signature]



Signature of NOTARY PUBLIC

SEAL