

CERTIFICATION OF TAX DEED APPLICATION

Sections 197.502 and 197.542, Florida Statutes

DR-513 Rule 12D-16.002 F.A.C Effective 07/19 Page 1 of 2

0921-08

| Part 1: Tax Deed | Applicatio | n Infor | mation | | *************************************** | | | 0921-08 |
|---|-------------------------------------|-------------------------|----------------------|----------------------------------|---|----------|--------------------------------------|--|
| . CIT II I I I I I I I I I I I I I I I I | | | **** | | | Τ | | |
| Applicant Name Applicant Address | TLGFY, LLO PO BOX 54 NEW ORLE | 347 | • | N.A., AS CO | OLLATER | Applic | cation date | Aug 17, 2020 |
| Property description | PAXTON W P O BOX 11 PENSACOI | /ILLIAM 7947 | L | | | Certifi | cate # | 2018 / 6678 |
| | со | 0 OF S1/2 1137 LE | OF SW1/4 SS OR 82 | 6 P 275 GI | ULF POWER | | certificate issued | 06/01/2018 |
| Part 2: Certificat | es Owned | | | d Filed wi | th Tax Deed | Applic | ation | |
| Column 1 Certificate Number | er Date | Columi of Certifi | n 2 cate Sale | | olumn 3 unt of Certificate | | Column 4 Interest | Column 5: Total (Column 3 + Column 4) |
| # 2018/6678 | | 06/01/2 | 018 | | 412.43 | | 20.62 | 433.05 |
| # 2019/6340 | | 06/01/2 | 019 | | 420.30 | | 21.02 | 441.32 |
| | | | | | | | →Part 2: Total* | 874.37 |
| Part 3: Other Cer | rtificates R | edeem | ed by App | plicant (O | ther than Co | unty) | | |
| Column 1 Certificate Number | Column Date of C Certificate | Other | Face A | ımn 3 mount of Certificate | Column 4 Tax Collector's F | Fee | Column 5 Interest | Total (Column 3 + Column 4 + Column 5) |
| # 2020/6721 | 06/01/2 | 020 | | 427.04 | 7-711 | 6.25 | 21.35 | 454.64 |
| | | | | | | | Part 3: Total* | 454.64 |
| Part 4: Tax Colle | ector Certif | led Am | ounts (Li | ines 1-7) | | | | |
| 1. Cost of all cert | ificates in app | olicant's | possessio | n and other | | | l by applicant Parts 2 + 3 above) | 1,329.01 |
| 2. Delinquent tax | es paid by th | e applica | ant | | | | | 0.00 |
| 3. Current taxes | paid by the a | pplicant | | - | | | | 0.00 |
| 4. Property inform | nation report | fee | | | | | | 200.00 |
| 5. Tax deed appli | cation fee | | | | | | | 175.00 |
| 6. Interest accrue | d by tax colle | ector und | der s.197.5 | 42, F.S. (s | ee Tax Collecto | r Instru | ctions, page 2) | 0.00 |
| 7. | | , | | | | Tot | al Paid (Lines 1-6) | 1,704.01 |
| I certify the above in have been paid, and | | | | | | , inform | nation report fee, an | nd tax collector's fees |
| <u> </u> | 0 | | | | | | Escambia, Florid | а |
| Sign here: OMO () Signs | ature, Tax Collec | tor or Desi | gnee | | | Date _ | August 25th, 202 | 20 |

Send this certification to the Clerk of Court by 10 days after the date signed. See Instructions on Page 2

| Par | t 5: Clerk of Court Certified Amounts (Lines 8-14) | |
|--------|---|-----------|
| 8. | | |
| 9. | Certified or registered mail charge | |
| 10. | Clerk of Court advertising, notice for newspaper, and electronic auction fees | |
| 11. | Recording fee for certificate of notice | |
| 12. | Sheriff's fees | |
| 13. | Interest (see Clerk of Court Instructions, page 2) | |
| 14. | Total Paid (Lines 8-13) | |
| 15. | Plus one-half of the assessed value of homestead property, if applicable under s. 197.502(6)(c), F.S. | 21,109.50 |
| 16. | Statutory opening bid (total of Lines 7, 14, 15, and 16 if applicable) | |
| | | |
| Sign h | nere: Date of sale 09/07/2 Signature, Clerk of Court or Designee | 2021 |

instructions + 12.50

Tax Collector (complete Parts 1-4)

Part 2: Certificates Owned by Applicant and Filed with Tax Deed Application

Enter the Face Amount of Certificate in Column 3 and the Interest in Column 4 for each certificate number. Add Columns 3 and 4 and enter the amount in Column 5.

Part 3: Other Certificates Redeemed by Applicant (Other than County)

Total. Add the amounts in Columns 3, 4 and 5

Part 4: Tax Collector Certified Amounts (Lines 1-7)

Line 1, enter the total of Part 2 plus the total of Part 3 above.

Total Paid, Line 7: Add the amounts of Lines 1-6

Line 6, Interest accrued by tax collector. Calculate the 1.5 percent interest accrued from the month after the date of application through the month this form is certified to the clerk. Enter the amount to be certified to the clerk on Line 6. The interest calculated by the tax collector stops before the interest calculated by the clerk begins. See Section 197.542, F.S., and Rule 12D-13.060(3), Florida Administrative Code.

The tax collector's interest for redemption at the time of the tax deed application is a cost of redemption, which encompasses various percentages of interest on certificates and omitted or delinquent taxes under Section 197.502, F.S. This interest is calculated before the tax collector calculates the interest in Section 197.542, F.S.

Attach certified statement of names and addresses of persons who must be notified before the sale of the property. Send this form and any required attachments to the Clerk of Court within 10 days after it is signed.

Clerk of Court (complete Part 5)

Line 13: Interest is calculated at the rate of 1.5 percent per month starting from the first day of the month after the month of certification of this form through the last day of the month in which the sale will be held. Multiply the calculated rate by the total of Line 7, minus Line 6, plus Lines 8 through 12. Enter the amount on Line 13.

Line 14: Enter the total of Lines 8-13. Complete Lines 15-18, if applicable.

APPLICATION FOR TAX DEED

512 R. 12/16

Section 197.502, Florida Statutes

Application Number: 2000642

| MBIA COUNTY | _, Florida | |
|--|--|---|
| a., AS COLLATER | | |
| d hereby surrender the | e same to the Tax | Collector and make tax deed application thereon |
| Certificate No. | Date | Legal Description |
| 2018/6678 | 06-01-2018 | W 450 FT OF S1/2 OF SW1/4 OF NW1/4 OF SE1/4 OR 6917 P 1137 LESS OR 826 P 275 GULF POWER CO |
| ng tax certificates plus in description of the desc | nterest covering thation report costs, (| |
| 1 | | <u>08-17-2020</u> Application Date |
| | Certificate No. 2018/6678 s, if due and ag tax certificates plus d omitted taxes, plus in sees, property informaticable. | c., AS COLLATER d hereby surrender the same to the Tax Certificate No. Date 2018/6678 06-01-2018 s, if due and ag tax certificates plus interest not in my led omitted taxes, plus interest covering the sees, property information report costs, or icable. ate on which this application is based and N.A., AS COLLATER |



Sale List Real Estate Search Tangible Property Search

Printer Friendly Version

General Information

Reference:

081N314202004001 112602270

Account:

PAXTON WILLIAM L

Owners: Mail:

P O BOX 17947

PENSACOLA, FL 32522

Situs:

320 JACKS BRANCH RD 32533

Use Code:

MOBILE HOME 🔑

Taxing Authority:

COUNTY MSTU

Tax Inquiry:

Open Tax Inquiry Window

Tax Inquiry link courtesy of Scott Lunsford Escambia County Tax Collector

Sale Date Book Page Value Type

| Assess | ments | | | |
|--------|----------|----------|----------|----------|
| Year | Land | Imprv | Total | Cap Val |
| 2020 | \$12,540 | \$46,538 | \$59,078 | \$43,190 |
| 2019 | \$7,671 | \$43,862 | \$51,533 | \$42,219 |
| 2018 | \$7,671 | \$43,079 | \$50,750 | \$41,432 |

Disclaimer

Tax Estimator

> File for New Homestead **Exemption Online**

Sales Data

Official Records (New Window)

06/26/2012 6917 1137 \$52,000 WD View Instr 02/18/2010 6561 211 \$100 QC View Instr 06/1991 3020 531 \$100 WD View Instr 06/1991 3013 96 \$6,000 WD View Instr

Official Records Inquiry courtesy of Pam Childers Escambia County Clerk of the Circuit Court and

2020 Certified Roll Exemptions

HOMESTEAD EXEMPTION

W 450 FT OF S1/2 OF SW1/4 OF NW1/4 OF SE1/4 OR 6917 P 1137 LESS OR 826 P 275 GULF POWER CO

Extra Features

Parcel Launch Interactive Map Information 109.54 Section Map Id: 08-1N-31 Approx. Acreage: 0.9462 290 Zoned: 🔎 LDR Evacuation & Flood Information Open Report 290 M View Florida Department of Environmental Protection(DEP) Data

Buildings

Address:320 JACKS BRANCH RD, Year Built: 1999, Effective Year: 1999, PA Building ID#: 12418

Structural Elements

DWELLING UNITS-1

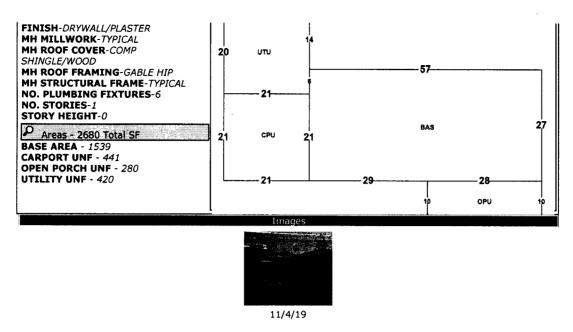
MH EXTERIOR WALL-VINYL/METAL

MH FLOOR FINISH-CARPET

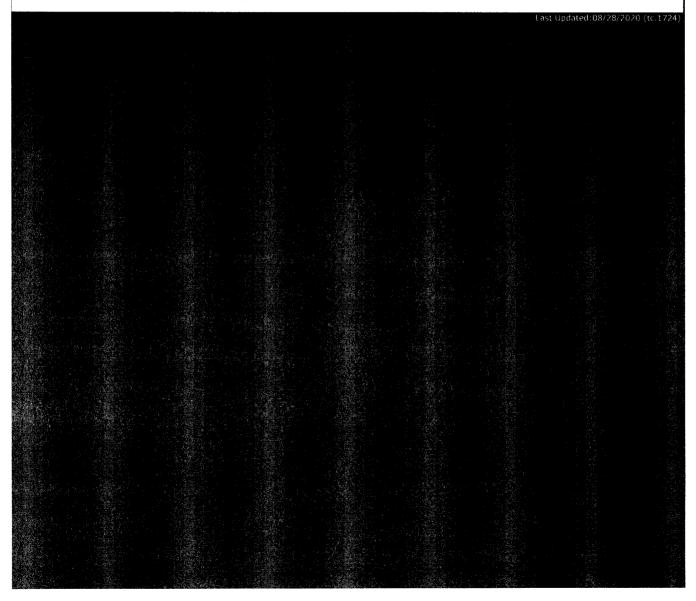
MH FLOOR SYSTEM-TYPICAL

MH HEAT/AIR-HEAT & AIR

MH INTERIOR



The primary use of the assessment data is for the preparation of the current year tax roll. No responsibility or liability is assumed for inaccuracies or errors.



Pam Childers
CLERK OF THE CIRCUIT COURT
ESCAMBIA COUNTY FLORIDA
INST# 2020088112 10/22/2020 8:21 AM
OFF REC BK: 8388 PG: 1349 Doc Type: TDN

NOTICE OF APPLICATION FOR TAX DEED

NOTICE IS HEREBY GIVEN, That TLGFY LLC CAPITAL ONE NA AS COLLATER holder of Tax Certificate No. 06678, issued the 1st day of June, A.D., 2018 has filed same in my office and has made application for a tax deed to be issued thereon. Said certificate embraces the following described property in the County of Escambia, State of Florida, to wit:

W 450 FT OF S1/2 OF SW1/4 OF NW1/4 OF SE1/4 OR 6917 P 1137 LESS OR 826 P 275 GULF POWER CO

SECTION 08, TOWNSHIP 1 N, RANGE 31 W

TAX ACCOUNT NUMBER 112602270 (0921-08)

The assessment of the said property under the said certificate issued was in the name of

WILLIAM L PAXTON

Unless said certificate shall be redeemed according to law, the property described therein will be sold to the highest bidder at public auction at 9:00 A.M. on the **first** Tuesday in the month of September, which is the 7th day of September 2021.

Dated this 21st day of October 2020.

In accordance with the AMERICANS WITH DISABILITIES ACT, if you are a person with a disability who needs special accommodation in order to participate in this proceeding you are entitled to the provision of certain assistance. Please contact Emily Hogg not later than seven days prior to the proceeding at Escambia County Government Complex, 221 Palafox Place Ste 110, Pensacola FL 32502. Telephone: 850-595-3793.

COMPTAG

PAM CHILDERS CLERK OF THE CIRCUIT COURT ESCAMBIA COUNTY, FLORIDA

By: Emily Hogg Deputy Clerk

Pam Childers
CLERK OF THE CIRCUIT COURT
ESCAMBIA COUNTY FLORIDA
INST# 2021040419 4/14/2021 2:37 PM
OFF REC BK: 8507 PG: 1386 Doc Type: TDN

CORRECTIVE

*CHANGING AUCTION DATE, OR BOOK 8388, PAGE 1349

NOTICE OF APPLICATION FOR TAX DEED

NOTICE IS HEREBY GIVEN, That TLGFY LLC CAPITAL ONE NA AS COLLATER holder of Tax Certificate No. 06678, issued the 1st day of June, A.D., 2018 has filed same in my office and has made application for a tax deed to be issued thereon. Said certificate embraces the following described property in the County of Escambia, State of Florida, to wit:

W 450 FT OF S1/2 OF SW1/4 OF NW1/4 OF SE1/4 OR 6917 P 1137 LESS OR 826 P 275 GULF POWER CO

SECTION 08, TOWNSHIP 1 N, RANGE 31 W

TAX ACCOUNT NUMBER 112602270 (0921-08)

The assessment of the said property under the said certificate issued was in the name of

WILLIAM L PAXTON

Unless said certificate shall be redeemed according to law, the property described therein will be sold to the highest bidder at public auction at 9:00 A.M. on the **second** Wednesday in the month of September, which is the **8th day of September 2021.**

Dated this 16th day of April 2021.

In accordance with the AMERICANS WITH DISABILITIES ACT, if you are a person with a disability who needs special accommodation in order to participate in this proceeding you are entitled to the provision of certain assistance. Please contact Emily Hogg not later than seven days prior to the proceeding at Escambia County Government Complex, 221 Palafox Place Ste 110, Pensacola FL 32502. Telephone: 850-595-3793.

COMPTRO

PAM CHILDERS CLERK OF THE CIRCUIT COURT ESCAMBIA COUNTY, FLORIDA

By: Emily Hogg Deputy Clerk



PROPERTY INFORMATION REPORT

3050 Concho Drive, Pensacola, Florida 32507 | Phone: 850-466-3077

THE ATTACHED REPORT IS ISSUED TO:

SCOTT LUNSFORD, ESCAMBIA COUNTY TAX COLLECTOR

| TAX ACCOUNT #: | 11-2602-270 | CERTIFICATE #: | 2018-6678 | |
|----------------|-------------|----------------|-----------|--|

THIS REPORT IS NOT TITLE INSURANCE. THE LIABILITY FOR ERRORS OR OMISSIONS IN THIS REPORT IS LIMITED TO THE PERSON(S) EXPRESSLY IDENTIFIED BY NAME IN THE PROPERTY INFORMATION REPORT AS THE RECIPIENT(S) OF THE PROPERTY INFORMATION REPORT.

The attached Report prepared in accordance with the instructions given by the user named above includes a listing of the owner(s) of record of the land described herein together with current and delinquent ad valorem tax information and a listing and copies of all open or unsatisfied leases, mortgages, judgments and encumbrances recorded in the Official Record Books of Escambia County, Florida that appear to encumber the title to said land as listed on page 2 herein. It is the responsibility of the party named above to verify receipt of each document listed. If a copy of any document listed is not received, the office issuing this Report must be contacted immediately.

This Report is subject to: Current year taxes; taxes and assessments due now or in subsequent years; oil, gas, and mineral or any subsurface rights of any kind or nature; easements, restrictions and covenants of record; encroachments, overlaps, boundary line disputes, and any other matters that would be disclosed by an accurate survey and inspection of the premises.

This Report does not insure or guarantee the validity or sufficiency of any document attached, nor is it to be considered a title insurance policy, an opinion of title, a guarantee of title, or as any other form of guarantee or warranty of title.

Use of the term "Report" herein refers to the Property Information Report and the documents attached hereto.

Period Searched: June 21, 2001 to and including June 21, 2021 Abstractor: Stacie Wright

BY

Michael A. Campbell,

As President

Dated: June 28, 2021

PROPERTY INFORMATION REPORT

CONTINUATION PAGE

June 28, 2021

Tax Account #: 10-3001-235

1. The Grantee(s) of the last deed(s) of record is/are: WILLIAM L. PAXTON

By Virtue of Warranty Deed recorded 10/08/2012 - OR 6917/1137.

- 2. The land covered by this Report is: See Attached Exhibit "A"
 ABSTRACTOR'S NOTE: TAX ROLL LEGAL DOES NOT LESS OUT ANY PORTION OF
 SAID LANDS LYING WITHIN THE RIGHT OF WAY OF JACKS BRANCH ROAD.
- **3.** The following unsatisfied mortgages, liens, and judgments affecting the land covered by this Report appear of record:
 - a. UCC Financing Statement in favor of Corporation Service Company recorded 2/22/2016 OR 7480/1263 together with Continuation recorded 12/31/2020.
- **4.** Taxes:

Taxes for the year(s) 2017-2020 are delinquent.

Tax Account #: 11-2602-270 Assessed Value: \$43,190 Exemptions: HOMESTEAD

5. We find the following HOA names in our search (if a condominium, the condo docs book and page are included for your review): **NONE**

Payment of any special liens/assessments imposed by City, County, and/or State.

Note: Escambia County and/or local municipalities may impose special liens/assessments. These liens/assessments are not discovered in a title search or shown above. These special assessments typically create a lien on real property. The entity that governs subject property must be contacted to verify payment status.

PERDIDO TITLE & ABSTRACT, INC.

PROPERTY INFORMATION REPORT

3050 Concho Drive, Pensacola, Florida 32507 | Phone 850-466-3077

Scott Lunsford Escambia County Tax Collector P.O. Box 1312

Pensacola FL 32591

| Tellsacola, FL 32391 | |
|---|--|
| CERTIFICATION: TITLE SEA | RCH FOR TDA |
| TAX DEED SALE DATE: | SEPT 8, 2021 |
| TAX ACCOUNT #: | 11-2602-270 |
| CERTIFICATE #: | 2018-6678 |
| those persons, firms, and/or agence | 22, Florida Statutes, the following is a list of names and addresses of cies having legal interest in or claim against the above-described ax sale certificate is being submitted as proper notification of tax deed |
| YES NO X Notify City of Pensa X Notify Escambia Co X Homestead for 202 | acola, P.O. Box 12910, 32521 ounty, 190 Governmental Center, 32502 <u>20</u> tax year. |
| WILLIAM L PAXTON P O BOX 17947 PENSACOLA, FL 32522 | WILLIAM L PAXTON 320 JACKS BRANCH RD CANTONMENT, FL 32533 |
| CORPORATION SERVICE COM | MPANY |

CORPORATION SERVICE COMPANY 801 ADLAI STEVENSON DR. SPRINGFIELD, IL 62703

Certified and delivered to Escambia County Tax Collector, this 28th day of June 2021.

PERDIDO TITLE & ABSTRACT, INC.

BY: Michael A. Campbell, As It's President

NOTE: The above listed addresses are based upon current information available, but addresses are not guaranteed to be true or correct.

PROPERTY INFORMATION REPORT

June 28, 2021

Tax Account #: 10-3001-235

LEGAL DESCRIPTION EXHIBIT "A"

W 450 FT OF S1/2 OF SW1/4 OF NW1/4 OF SE1/4 OR 6917 P 1137 LESS OR 826 P 275 GULF POWER CO

SECTION 08, TOWNSHIP 1 N, RANGE 31 W

TAX ACCOUNT NUMBER 11-2602-270 (0921-08)

ABSTRACTOR'S NOTE: TAX ROLL LEGAL DOES NOT LESS OUT ANY PORTION OF SAID LANDS LYING WITHIN THE RIGHT OF WAY OF JACKS BRANCH ROAD. WE DID NOT GO BACK AND FIND THAT RIGHT OF WAY.

Recorded in Public Records 10/08/2012 at 03:25 PM OR Book 6917 Page 1137, Instrument #2012076724, Ernie Lee Magaha Clerk of the Circuit Court Escambia County, FL Recording \$18.50 Deed Stamps \$364.00

| Prepared By: Stephen A. Collins | |
|---|---|
| 57 Cape Drive, Ft. Walton Beach, FL 32548 | |
| | Space above this line for recording data |
| WARR | ANTY DEED |
| This Warranty Deed Made this 26th day of June, 2012 Bet | ween Stephen A. Collins and Linda F. Collins, husband and Wife |
| whose post office address is57 Cape Drive, Ft. Walton Be | each, FL 32548 Grantor, and |
| William L. Paxton, a married man whose post office a | ddress is 320 Jacks Branch Road, Cantonment, FL 32533 Grantee |
| (Whenever used herein the terms "grantor and "grantee" include all the parties to this successors and assigns of corporations, trusts and trustees) | is instruments and the heirs, legal representatives, and assigns of individuals, and the |
| Witnesseth, That said grantor, for and in consideration of the | |
| | nd paid by the said grantee, the receipt whereof is hereby acknowledged heirs and assigns forever, the following described land, situate, lying and |
| PARCEL ID# 081N314202004001 | |
| SECTION 8, TOWNSHIP 1 NORTH RANGE 31 WEST DE | |
| W 450 FT OF S ½ OF SW¼ OF NW¼ OF SE¼ OR 3401 OR 6561 PG 211 | P 104 OR 3020 P 531 LESS OR 826 P 275 GULF POWER CO |
| Together with all the tenements, hereditaments and appurtenance | es thereto belonging or in anywise appertaining. |
| To Have and to Hold, the same in fee simple forever. | |
| right and lawful authority to sell and convey said land; that the grad | tor is lawfully seized of said land in fee simple; that the grantor has good ntor hereby fully warrants the title to said land and will defend the same I land is free to all encumbrances, except taxes accruing subsequent to |
| In Witness Whereof, grantor has hereunto set granto's ha | and and seal the day and year first above written. |
| Signed, sealed and delivered in our presences: | |
| And | Stephen a Collins |
| Witness Signature Printed Name July ENGCIS 11 | Grantor Signature Stephen A. Collins |
| Fillied rights | 57.0 D: 51.14.15 D ask 51.00540 |
| Tyandyl | 57 Cape Drive, Ft. Walton Beach, FL 32548 Post Office Address |
| Witness Signature Printed Name LS A ENGLY | |
| Printed Name | 1 |
| - (Man) | huda a. Collins |
| Witness Signature Printed Name Printed Name Printed Name | Grantor Signature Linda F. Collins |
| Printed Name | |
| Ssa English | 57 Cape Drive, Ft. Walton Beach, FL 32548 Post Office Address |
| Witness Signature Printed Name USA ChSUSA | |
| | |

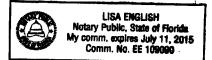
State of Florida) County of Escambia)

The Foregoing Instrument Was Acknowledged Before Me this June 26, 2012

by Stephen A. Collins and Linda F. Collins , Who Is Personally Known to Me or Who Has Produced a Florida Drivers Licenses as

Identification.

Notary Signature



(SEAL)

Recorded in Public Records 02/22/2016 at 12:16 PM OR Book 7480 Page 1263, Instrument #2016012292, Pam Childers Clerk of the Circuit Court Escambia County, FL Recording \$18.50

| ICC FINANCING STATEMENT | | | | |
|--|---|---|--|--|
| OLLOW INSTRUCTIONS | | | | |
| . NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858 | 3-5294 | | | |
| . E-MAIL CONTACT AT FILER (optional) | | | | |
| SPRFiling@cscinfo.com | | | | |
| S. SEND ACKNOWLEDGMENT TO: (Name and Address) | _ | | | |
| 112180652 - 365000 Corporation Service Company | 1 | | | |
| 801 Adfai Stevenson Drive | | | | |
| Springfield, IL 62703 | Filed In: Florida | | | |
| | (Escambia) | THE ADOME ODACE IS | TOD FILMS OFFICE USE | - ONL V |
| DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (us | se exact, full name; do not omit, mod | | S FOR FILING OFFICE USE ebtor's name): if any part of the | |
| name will not fit in line 1b. leave all of item 1 blank, check here | | | | |
| The way not at all and 15. settle as of teem 1 blank, ellesk field | and provide the Individual Debtor in | | ig Statement Addendum (Form | 0001/10) |
| 1a. ORGANIZATION'S NAME | and provide the Individual Debtor in | | ng Statement Addendum (Form | |
| 1a. ORGANIZATION'S NAME | | ormation in item 10 of the Financir | | |
| 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL N. | ormation in item 10 of the Financir | ig Statement Addendum (Form | SUFFIX |
| 1a. ORGANIZATION'S NAME | FIRST PERSONAL N. WILLIAM CITY | ormation in item 10 of the Financir AME ADE L STA | DITIONAL NAME(S)/INITIAL(S) TE POSTAL CODE | SUFFIX |
| 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME PAXTON | FIRST PERSONAL N. WILLIAM | ormation in item 10 of the Financir AME ADE L STA | DITIONAL NAME(S)/INITIAL(S) TE POSTAL CODE | SUFFIX |
| 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME PAXTON MAILING ADDRESS 320 JACKS BRANCH RD DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us | FIRST PERSONAL N. WILLIAM CITY CANTONME! | AME ADE STA NT FL Sty, or abbreviate any part of the D | TE POSTAL CODE 32533 ablor's name); if any part of the | SUFFIX COUNTR USA |
| 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME PAXTON MAILING ADDRESS 320 JACKS BRANCH RD DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us name will not fit in line 2b, leave all of item 2 blank, check here | FIRST PERSONAL N. WILLIAM CITY CANTONME! | AME ADE STA NT FL Sty, or abbreviate any part of the D | TE POSTAL CODE 32533 ablor's name); if any part of the | SUFFIX COUNTR USA |
| 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME PAXTON MAILING ADDRESS 320 JACKS BRANCH RD DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us | FIRST PERSONAL N. WILLIAM CITY CANTONME! | AME ADE STA NT FL Sty, or abbreviate any part of the D | TE POSTAL CODE 32533 ablor's name); if any part of the | SUFFIX COUNTR USA |
| 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME PAXTON MAILING ADDRESS 320 JACKS BRANCH RD DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us name will not fit in line 2b, leave all of item 2 blank, check here | FIRST PERSONAL N. WILLIAM CITY CANTONME! | AME ADE L NT FL Sty, or abbreviate any part of the Diametrian in item 10 of the Financir | TE POSTAL CODE 32533 ablor's name); if any part of the | SUFFIX COUNTR USA |
| 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME PAXTON MAILING ADDRESS 320 JACKS BRANCH RD DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us name will not fit in line 2b, leave all of item 2 blank, check here | FIRST PERSONAL N. WILLIAM CITY CANTONME! e exact. full name; do not omit, mod and provide the individual Debtor in | AME ADE ADE ADE ADE ADE ADE ADE ADE | POSTAL CODE TE POSTAL CODE 32533 ebtor's name); if any part of the rig Statement Addendum (Form | SUFFIX COUNTR USA Individual Deb |
| 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME PAXTON MAILING ADDRESS 320 JACKS BRANCH RD DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us name will not fit in line 2b, leave all of item 2 blank, check here | FIRST PERSONAL N. WILLIAM CITY CANTONME! e exact. full name; do not omit, mod and provide the individual Debtor in | AME ADE L NT FL Sty, or abbreviate any part of the Diametrian in item 10 of the Financir | POSTAL CODE TE POSTAL CODE 32533 ebtor's name); if any part of the rig Statement Addendum (Form | SUFFIX COUNTR USA Individual Deb |
| 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME PAXTON . MAILING ADDRESS 320 JACKS BRANCH RD DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME . MAILING ADDRESS | FIRST PERSONAL N. WILLIAM CITY CANTONME! e exact. full name; do not omit, mod and provide the individual Debtor in FIRST PERSONAL N. CITY | AME ADE ADE STA AME ADE STA AME ADE STA AME ADE STA AME ADE STA AME ADE STA | TE POSTAL CODE 32533 abitor's name); if any part of the fig Statement Addendum (Form | SUFFIX COUNTR USA Individual Deb |
| 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME PAXTON MAILING ADDRESS 320 JACKS BRANCH RD DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME Zb. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSI | FIRST PERSONAL N. WILLIAM CITY CANTONME! e exact. full name; do not omit, mod and provide the individual Debtor in FIRST PERSONAL N. CITY | AME ADE ADE STA AME ADE STA AME ADE STA AME ADE STA AME ADE STA AME ADE STA | TE POSTAL CODE 32533 abitor's name); if any part of the fig Statement Addendum (Form | SUFFIX COUNTR USA Individual Deb |
| 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME PAXTON . MAILING ADDRESS 320 JACKS BRANCH RD DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us name will not fit in line 2b, leave all of item 2 blank, check here | FIRST PERSONAL N. WILLIAM CITY CANTONME! e exact. full name; do not omit, mod and provide the individual Debtor in FIRST PERSONAL N. CITY | AME ADE ADE STA AME ADE STA AME ADE STA AME ADE STA AME ADE STA AME ADE STA | TE POSTAL CODE 32533 abitor's name); if any part of the fig Statement Addendum (Form | SUFFIX COUNTR USA Individual Deb |
| 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME PAXTON MAILING ADDRESS 320 JACKS BRANCH RD DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME Zb. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSI | FIRST PERSONAL N. WILLIAM CITY CANTONME! e exact. full name; do not omit, mod and provide the individual Debtor in FIRST PERSONAL N. CITY | AME ADE L NT STA FL My, or abbreviate any part of the Diarmation in item 10 of the Financial AME ADE AME ADE STA Only one Secured Party name (3a) | TE POSTAL CODE 32533 abitor's name); if any part of the fig Statement Addendum (Form | SUFFIX COUNTR USA Individual Deb |
| 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME PAXTON . MAILING ADDRESS 320 JACKS BRANCH RD DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us name will not fit in line 2b, leave all of item 2 blank, check here | FIRST PERSONAL N. WILLIAM CITY CANTONME! e exact, full name; do not omit, mod and provide the Individual Debtor in FIRST PERSONAL N. CITY GNOR SECURED PARTY): Provide | AME ADE L NT STA FL My, or abbreviate any part of the Diarmation in item 10 of the Financial AME ADE AME ADE STA Only one Secured Party name (3a) | TE POSTAL CODE 32533 ebtor's name); if any part of the fig Statement Addendum (Form DITIONAL NAME(S)/INITIAL(S) TE POSTAL CODE or 3b) | SUFFIX COUNTR USA Individual Det UCC1Ad) SUFFIX COUNTR |

| Check only if applicable and check only one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and instructions) | being administered by a Decedent's Personal Representative |
|--|--|
| 6a. Check only if applicable and check only one box: | 6b. Check only if applicable and check only one box: |
| Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility | Agricultural Lien Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy | yer Bailee/Bailor Licensee/Licensor |
| 8. OPTIONAL FILER REFERENCE DATA: :CXSX401902192 | 112180652 |

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Corporation Service Company 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808

BK: 7480 PG: 1264 Last Page

| UCC FINANCING | STATEMENT | ADDENDUM |
|----------------------|------------------|----------|
|----------------------|------------------|----------|

| | AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if scause Individual Debtor name did not fit, check here | line 1b was le | ft blank | | | | |
|----------|--|---------------------|------------------------|-------------------------|-------------------------|--|------------------|
| | 9a. ORGANIZATION'S NAME | | | | | | |
| | | | | | | | |
| - Ł | 9b. INDIVIDUAL'S SURNAME PAXTON | | | | | | |
| | FIRST PERSONAL NAME WILLIAM | | | | | | |
| | additional name(s)/initial(s) L | | SUFFIX | THE AB | OVE SPACE | IS FOR FILING OFFICE | USE ONLY |
| , | DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m | | | line 1b or 2b of | the Financing S | italement (Form UCC1) (uso | e exact, full na |
| _ | 10a. ORGANIZATION'S NAME | | | | | | |
| R | 106. INDIVIDUAL'S SURNAME | | | | | | |
| | INDIVIDUAL'S FIRST PERSONAL NAME | | | | | | |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | | SUFFIX |
|)c. | MAILING ADDRESS | CITY | | | STATE | POSTAL CODE | COUNTRY |
| | ADDITIONAL SECURED PARTY'S NAME or ASSIGNIA ORGANIZATION'S NAME | OR SECU | RED PARTY | S NAME: Pro | vide only <u>one</u> na | nme (11a or 11b) | |
| R | 11b. INDIVIDUAL'S SURNAME | FIRST PERS | ONAL NAME | | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| lc. | MAILING ADDRESS | CITY | | | STATE | POSTAL CODE | COUNTRY |
| | | | | | | | |
| 3. [| This FINANCING STATEMENT is to be filed (for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) | | ANCING STATE | p | s as-extracted | collateral $oldsymbol{Z}$ is filed as | a fixture filing |
| ΛI 32 | lame and address of a RECORD OWNER of real estate described in Item 16 if Debtor does not have a record interest): ILLIAM L PAXTON 0 JACKS BRANCH RD | County: Parcel N | ESCAMB lumber: 08 | A FL 3-1N-31-42 | 202-004-0 | | |
| j.F | ANTONMENT, FL 32533 | Ref: 08- Abbrevi | 1N-31 Sec ated Desc | :/Twnship/ iption: W | 'Range: S 450 FT OI | EC 08 TWN 01N F S1/2 OF SW1/4 826 P 275 GULF | RNG 31\ OF NW |
| | | | | | | | |

Corporation Service Company 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808 Recorded in Public Records 12/31/2020 1:26 PM OR Book 8435 Page 1794, Instrument #2020116328, Pam Childers Clerk of the Circuit Court Escambia County, FL Recording \$18.50

| | AME & PHONE OF CONTACT AT FILER (optional) SC 1-800-858-5294 | | | | | |
|--------------|--|---|--|--------------------|--------------------------|---|
| | MAIL CONTACT AT FILER (optional) PRFiling@cscglobal.com | | | | | |
| | END ACKNOWLEDGMENT TO: (Name and Address) | | | | | |
| 8 | 2039 33640 CSC I01 Adlai Stevenson Drive Springfield, IL 62703 | Filed In: Florida (Escambia) [| | | | |
| ــا | | | A | | R FILING OFFICE U | |
| | ITIAL FINANCING STATEMENT FILE NUMBER 6012292 BK 7480 PG 1263 02/22/2016 | | 1b. This FINANCING STATEM (or recorded) in the REAL | ESTATE F | RECORDS | |
| | TERMINATION: Effectiveness of the Financing Statement | identified above is terminated v | Filer: <u>attach</u> Amendment Add vith respect to the security interes | | | |
| | Statement ASSIGNMENT (full or partial): Provide name of Assignee For partial assignment, complete items 7 and 9 and also indi | | | of Assigner | in item 9 | |
| V | CONTINUATION: Effectiveness of the Financing Stateme | | to the security interest(s) of Sec | ured Party | authorizing this Contin | uation Statemen |
| | continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: | V | | | | |
| | | ND Check one of these three b | | ne: Comple | e tem DELETE no | me: Give record r |
| | s Change affects Debtor or Secured Party of record | item 6a or 6b; and item | 7a or 7b and item 7c 7a or 7b. | and item 70 | to be deleter | d in item 6a or 6b |
| 6 | JRRENT RECORD INFORMATION: Complete for Party In a. ORGANIZATION'S NAME | formation Change - provide only | | | | |
| 6 | a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME | FIRST PERSON | ong name (6a or 6b) | | NAL NAME(S)/INITIAL(S | |
| F CH | a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME PAXTON HANGED OR ADDED INFORMATION: Complete for Assignment | FIRST PERSON WILLIAM | one name (6a or 6b) IAL NAME | L | VAL NAME(SYINITIAL(S | B) SUFFIX |
| F CH | a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME PAXTON | FIRST PERSON WILLIAM | one name (6a or 6b) IAL NAME | L | VAL NAME(SYINITIAL(S | B) SUFFIX |
| 6 F | a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME PAXTON HANGED OR ADDED INFORMATION: Complete for Assignment | FIRST PERSON WILLIAM | one name (6a or 6b) IAL NAME | L | VAL NAME(SYINITIAL(S | B) SUFFIX |
| 6 F | a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME PAXTON HANGED OR ADDED INFORMATION: Complete for Assignmental Control of the Co | FIRST PERSON WILLIAM | one name (6a or 6b) IAL NAME | L | VAL NAME(SYINITIAL(S | B) SUFFIX |
| 6 F CH | a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME PAXTON HANGED OR ADDED INFORMATION: Complete for Assignment a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME | FIRST PERSON WILLIAM | one name (6a or 6b) IAL NAME | L | VAL NAME(SYINITIAL(S | SUFFIX part of the Deblor's na |
| 6 F | a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME PAXTON HANGED OR ADDED INFORMATION: Complete for Assignment a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME | FIRST PERSON WILLIAM | one name (6a or 6b) IAL NAME | L | VAL NAME(SYINITIAL(S | B) SUFFIX |
| 6 F | a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME PAXTON HANGED OR ADDED INFORMATION: Complete for Assignment a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME | FIRST PERSON WILLIAM | one name (6a or 6b) IAL NAME | L me; de net on | VAL NAME(SYINITIAL(S | SUFFIX part of the Deblor's n |
| G F 7 | a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME PAXTON HANGED OR ADDED INFORMATION: Complete for Assignment a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | FIRST PERSON WILLIAM It or Perty Information Change - provide | one name (6a or 6b) IAL NAME unly <u>one</u> name (7a or 7b) (use exact, full na | state | NAL NAME(S)/INITIAL(S | SUFFIX part of the Deblar's n SUFFIX COUNTR USA |
| G F 7 | a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME PAXTON IANGED OR ADDED INFORMATION: Complete for Assignment a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) AILING ADDRESS COLLATERAL CHANGE: Also check one of these four both Indicate collateral: | FIRST PERSON WILLIAM It or Perty Information Change - provide | one name (6a or 6b) IAL NAME Unly <u>one</u> name (7a or 7b) (use exact, full na | state | NAL NAME (SyliNITIAL (S | SUFFIX SUFFIX SUFFIX COUNTI USA |
| G F 7 | a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME PAXTON HANGED OR ADDED INFORMATION: Complete for Assignmenta, ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) ARLING ADDRESS COLLATERAL CHANGE: Also check one of these four both | FIRST PERSON WILLIAM It or Perty Information Change - provide | one name (6a or 6b) IAL NAME Unly <u>one</u> name (7a or 7b) (use exact, full na | state | NAL NAME (SyliNITIAL (S | SUFFIX SUFFIX SUFFIX COUNTR USA |
| F CH 7 | a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME PAXTON IANGED OR ADDED INFORMATION: Complete for Assignment a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) AILING ADDRESS COLLATERAL CHANGE: Also check one of these four both Indicate collateral: | FIRST PERSON WILLIAM It or Perty Information Change - provide | one name (6a or 6b) IAL NAME Unly <u>one</u> name (7a or 7b) (use exact, full na | state | NAL NAME (SyliNITIAL (S | SUFFIX part of the Deblar's n SUFFIX COUNTR USA |
| F CH 7 | a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME PAXTON IANGED OR ADDED INFORMATION: Complete for Assignment a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) AILING ADDRESS COLLATERAL CHANGE: Also check one of these four both Indicate collateral: | FIRST PERSON WILLIAM It or Perty Information Change - provide | one name (6a or 6b) IAL NAME Unly <u>one</u> name (7a or 7b) (use exact, full na | state | NAL NAME (SyliNITIAL (S | SUFFIX part of the Debtar's no SUFFIX COUNTR USA |
| CH CH N | a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME PAXTON IANGED OR ADDED INFORMATION: Complete for Assignment a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) AILING ADDRESS COLLATERAL CHANGE: Also check one of these four both Indicate collateral: | FIRST PERSON WILLIAM It or Perty Information Change - provide | one name (6a or 6b) IAL NAME Unly <u>one</u> name (7a or 7b) (use exact, full na | state | NAL NAME (SyliNITIAL (S | SUFFIX part of this Debtar's no SUFFIX COUNTR USA |
| CH CH | a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME PAXTON IANGED OR ADDED INFORMATION: Complete for Assignment a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) ARLING ADDRESS COLLATERAL CHANGE: Also check one of these four both Indicate collateral: TER TREATMENT SYSTEM | FIRST PERSON WILLIAM at or Party Information Change - provide CITY (es: ADD collateral | one name (6a or 6b) IAL NAME Chly one name (7a or 7b) (use exact, full na DELETE collateral F | STATE RESTATE o | NAL NAME (S)/INITIAL (S) | SUFFIX SUFFIX SUFFIX COUNTR USA ASSIGN colle |
| R F F VA | a. ORGANIZATION'S NAME b. INDIVIDUAL'S SURNAME PAXTON HANGED OR ADDED INFORMATION: Complete for Assignmental Complete From Complete for Assignmental | FIRST PERSON WILLIAM It or Party Information Change - provide CITY Res: ADD collateral | one name (6a or 6b) IAL NAME Chly one name (7a or 7b) (use exact, full na DELETE collateral F | STATE RESTATE o | NAL NAME (S)/INITIAL (S) | SUFFIX SUFFIX SUFFIX COUNTR USA ASSIGN colla |

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

BK: 8435 PG: 1795 Last Page

| UCC FINANCING STATEMENT | AMENDMENT | ADDENDUM |
|--------------------------------|------------------|-----------|
| OCC FINANCING STATEMENT | Wisimism isimisi | MUDLINUUM |

FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2016012292 BK 7480 PG 1263 02/22/2016 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME Aqua Finance, Inc. 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX **PAXTON** WILLIAM 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

| 15. This FINANCING STATEMENT AMENDMENT: covers timber to be cut | County: ESCAMBIA FL Parcel Number: 08-1N-31-4202-004-001 Lot: 4 Block: 1 Subdivision: SUBDIVISION NUMBER: 4202 Map Ref: 08-1N-31 Sec/Twnship/Range: SEC 08 TWN 01N RNG 31W Abbreviated Description: W 450 FT OF S1/2 OF SW1/4 OF NW1/4 OF SE1/4 OR 6917 P 1137 LESS OR 826 P 275 GULF POWER CO |
|--|--|
| 18. MISCELLANEOUS: | |

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT ADDENDUM (Form UCC3Ad) (Rev. 04/20/11)

PAM CHILDERS

CLERK OF THE CIRCUIT COURT ARCHIVES AND RECORDS **CHILDSUPPORT** CIRCUIT CIVIL CIRCUIT CRIMINAL COUNTY CIVIL **COUNTY CRIMINAL** DOMESTIC RELATIONS **FAMILY LAW** JURY ASSEMBLY JUVENILE MENTAL HEALTH MIS **OPERATIONAL SERVICES PROBATE** TRAFFIC



COUNTY OF ESCAMBIA OFFICE OF THE CLERK OF THE CIRCUIT COURT

BRANCH OFFICES ARCHIVES AND RECORDS JUVENILE DIVISION CENTURY

CLERK TO THE BOARD OF COUNTY COMMISSIONERS OFFICIAL RECORDS COUNTY TREASURY AUDITOR

PAM CHILDERS, CLERK OF THE CIRCUIT COURT Tax Certificate Redeemed From Sale

Account: 112602270 Certificate Number: 006678 of 2018

Payor: TAMMY BLESSING 320 JACKS BRANCH RD CANTONMENT, FL 32533 Date 07/09/2021

Clerk's Check # 1
Tax Collector Check # 1

Clerk's Total

sts8.0/ \$2,221.73

Tax Collector's Total

2,0/18.79

Postage

\$18.00

Researcher Copies

00.00

Recording

\$10.00

Prep Fee

\$7.00

Total Received

\$2,641.86

\$2,238.73

PAM CHILDERS
Clerk of the Circuit Court

Received By: Clerk

Escambia County Government Complex • 221 Palafox Place Ste 110 • PENSACOLA, FLORIDA 32502 (850) 595-3793 • FAX (850) 595-4827 • http://www.clerk.co.escambia.fl.us

PAM CHILDERS

CLERK OF THE CIRCUIT COURT ARCHIVES AND RECORDS CHILDSUPPORT CIRCUIT CIVIL CIRCUIT CRIMINAL COUNTY CIVIL COUNTY CRIMINAL DOMESTIC RELATIONS **FAMILY LAW** JURY ASSEMBLY JUVENILE MENTAL HEALTH MIS **OPERATIONAL SERVICES PROBATE TRAFFIC**



COUNTY OF ESCAMBIA OFFICE OF THE CLERK OF THE CIRCUIT COURT

BRANCH OFFICES ARCHIVES AND RECORDS JUVENILE DIVISION CENTURY

CLERK TO THE BOARD OF COUNTY COMMISSIONERS OFFICIAL RECORDS **COUNTY TREASURY AUDITOR**

Case # 2018 TD 006678 **Redeemed Date 07/09/2021**

Name TAMMY BLESSING 320 JACKS BRANCH RD CANTONMENT, FL 32533

Clerk's Total = TAXDEED Due Tax Collector = TAXDEED Postage = TD2ResearcherCopies = TD6 Release TDA Notice (Recording) = RECORD2 \$10.00 Release TDA Notice (Prep Fee) = TD4 \$7.00

For Office Use Only

Date Docket Desc **Amount Owed**

Amount Due

Payee Name

FINANCIAL SUMMARY

No Information Available - See Dockets



PAM CHILDERS CLERK OF THE CIRCUIT COURT ESCAMBIA COUNTY, FLORIDA

Tax Deed - Redemption Calculator Account: 112602270 Certificate Number: 006678 of 2018

| Redemption No 🗸 | Application Date 08/17/2020 | Interest Rate 18% |
|--------------------------------|-------------------------------------|--|
| | Final Redemption Payment ESTIMATED | Redemption Overpayment ACTUAL |
| | Auction Date 09/08/2021 | Redemption Date 07/09/2021 |
| Months | 13 | 11 |
| Tax Collector | \$1,704.01 | \$1,704.01 |
| Tax Collector Interest | \$332.28 | \$281.16 |
| Tax Collector Fee | \$12.50 | \$12.50 |
| Total Tax Collector | \$2,048.79 | \$1,997.67 T.C. |
| Record TDA Notice | \$17.00 | \$17.00 |
| Clerk Fee | \$130.00 | \$130.00 |
| Sheriff Fee | \$120.00 | \$120.00 |
| Legal Advertisement | \$200.00 | \$200.00 |
| App. Fee Interest | \$91.07 | \$77.06 |
| Total Clerk | \$558.07 | \$544.06 C.H. |
| Release TDA Notice (Recording) | \$10.00 | \$10.00 |
| Release TDA Notice (Prep Fee) | \$7.00 | \$7.00 |
| Postage | \$18.00 | \$0.00 |
| Researcher Copies | \$0.00 | \$0.00 |
| Total Redemption Amount | \$2,641.86 | \$2,558.73 - 120- 200 |
| | Repayment Overpayment Refund Amount | \$2,558.73 - 120-200 \$83.13 \$\frac{4}{2}\frac{2}{3}8.73 |
| Book/Page | 8507 | 1386 |

Pam Childers
CLERK OF THE CIRCUIT COURT
ESCAMBIA COUNTY FLORIDA
INST# 2021075940 7/9/2021 3:01 PM
OFF REC BK: 8571 PG: 1270 Doc Type: RTD

RELEASE OF NOTICE OF APPLICATION FOR TAX DEED

Pursuant to § 197.502(5)(c), Florida Statutes, the Escambia County Clerk of Court fully releases the Notice of Tax Deed Application recorded at Official Records Book 8507, Page 1386, of Escambia County, for the tax certificate, tax deed, and property described below:

Tax Certificate No. Certificate No. 06678, issued the 1st day of June, A.D., 2018

TAX ACCOUNT NUMBER: 112602270 (0921-08)

DESCRIPTION OF PROPERTY:

W 450 FT OF S1/2 OF SW1/4 OF NW1/4 OF SE1/4 OR 6917 P 1137 LESS OR 826 P 275 GULF POWER CO

SECTION 08, TOWNSHIP 1 N, RANGE 31 W

NAME IN WHICH ASSESSED: WILLIAM L PAXTON

Dated this 9th day of July 2021.

COMP

PAM CHILDERS CLERK OF THE CIRCUIT COURT ESCAMBIA COUNTY, FLORIDA

By:

Emily Hogg Deputy Clerk