IMPORTANT: In these spaces, copy the corres	ponding informati	on from Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suit 835 MORRISON AVENUE	te, and/or Bldg. No.)	or P.O. Route and B	lox No.	Policy Number:
City ENGLEWOOD	State Florida	ZIP Code 34223		Company NAIC Number
SECTION	G-COMMUNITY	INFORMATION (OP	TIONAL)	
The local official who is authorized by law or ordi Sections A, B, C (or E), and G of this Elevation C used in Items G8–G10. In Puerto Rico only, ente		the community's floo the applicable item(s	dplain mar s) and sign	nagement ordinance can complete below. Check the measurement
G1. The information in Section C was taken engineer, or architect who is authorized data in the Comments area below.)	i from other docume I by law to certify eld	entation that has been evation information. (I	signed an Indicate the	d sealed by a licensed surveyor, e source and date of the elevation
G2. A community official completed Section or Zone AO.	E for a building loc	ated in Zone A (witho	out a FEMA	a-issued or community-issued BFE)
G3. The following information (Items G4–G	10) is provided for c	ommunity floodplain r	manageme	ent purposes.
G4. Permit Number 19-155619-BA	35. Date Permit Iss	ued	G6. D	ate Certificate of ompliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	Substantial Improve	ement	
G8. Elevation of as-built lowest floor (including be of the building:	asement)	·	feet	meters Datum
G9. BFE or (in Zone AO) depth of flooding at the	building site:		[feet	meters Datum
G10. Community's design flood elevation:			feet	meters Datum
Local Official's Name		Title		
Community Name		Telephone		
Signature		Date	5	
Comments (including type of equipment and location	on, per C2(e), if app	licable)	-	
	5 8			
				u u e
	the state of			Check here if attachments.

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2022

ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official. (2) insurance agent/company.

SI	ECTION A - PROPER			,		IRANCE COMPANY USE
A1. Building Owner's Name					Policy Nur	
Exclusively For: LARRY NIC	COL					
A2. Building Street Address Box No. 835 MORRISON AVENUE	(including Apt., Unit, Su	uite, and/	or Bldg. No.)	or P.O. Route a	nd Company	NAIC Number:
City			State		ZIP Code	
ENGLEWOOD			Florida		34223	
A3. Property Description (Lo LOTS 14 & 15, BLOCK D, EN					, etc.)	
A4. Building Use (e.g., Resid	ential, Non-Residentia	l, Addition	n, Accessory,	etc.) DETAC	HED GARAGE	
A5. Latitude/Longitude: Lat.	N26*58'22.9"	Long.	N82*22'11.3'	Horizo	ntal Datum: NAD	1927 X NAD 1983
A6. Attach at least 2 photogra	aphs of the building if t	he Certifi	cate is being	used to obtain fi	lood insurance.	
A7. Building Diagram Numbe						
A8. For a building with a crav	vispace or enclosure(s)):				
a) Square footage of cra				N/A sq ft		
b) Number of permanent		· —	e or endosu		not above adiacont as	ndo N/A
c) Total net area of flood		латорас	N/A sqi		oot above aujacent gr	aue N/A
			TWA SQ1	n s		
d) Engineered flood oper	ings? Yes X	No				
A9. For a building with an atta	ched garage:					
a) Square footage of atta	ched garage		945.00 sq f	t		
b) Number of permanent	flood openings in the a	ttached o	arage within	1.0 foot above a	adiacent grade 10	
c) Total net area of flood			1133.00 so		inguooni grado 10	
			1133.00 80] 103		
d) Engineered flood open	ings? ☐ Yes 🔀 🮚	No				-
	SECTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) IN	NFORMATION	
B1. NFIP Community Name &			B2. County			B3. State
SARASOTA COUNTY	125144	0 0	SARASOTA			4
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) Base Flood Depth)
12115C0451 F	11-04-2016	11-04-2	vised Date 2016	AE	11 FT.	Y. 5.
B10. Indicate the source of the	Base Flood Flevation	(RFF) ds	ata or base fle	and death enter	ad in Hom PO:	
☐ FIS Profile ☑ FIRM					ou in item by.	
B11. Indicate elevation datum	used for BFE in Item B	19: N	GVD 1929 [☑ NAVD 1988	Other/Source:	
B12. Is the building located in	a Coastal Barrier Reso	ources Sv	stem (CRRS)	area or Otheru	ise Brotestad Area (C	DA12 [] Vec 57 No
Designation Date:				, wood of Culdiw	ise Floteried Alea (C	rr∧'. Π tes ⊠ No
g		CBRS	□ OPA			

IMPORTANT: In these spaces, copy the com			FOR INSURAN	CE COMPANY USE
Building Street Address (including Apt., Unit, St 835 MORRISON AVENUE	uite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:	
City ENGLEWOOD	State Florida	ZIP Code 34223	Company NAIC	Number
SECTION C - BUI	DING ELEVATION IN	FORMATION (SURVEY	REQUIRED)	
C1. Building elevations are based on: *A new Elevation Certificate will be requir C2. Elevations — Zones A1—A30, AE, AH, A (Complete Items C2.a—h below according Benchmark Utilized: SCBM Indicate elevation datum used for the elev NGVD 1929 NAVD 1988 Datum used for building elevations must be a) Top of bottom floor (including basement) b) Top of the next higher floor	Construction Drawings* ed when construction of with BFE), VE, V1–V30, to the building diagram s Vertice rations in items a) throug Other/Source: De the same as that used int, crawispace, or enclose	Building Under Const the building is complete. V (with BFE), AR, AR/A, A specified in Item A7. In Pue al Datum: NAVD 1988 th h) below. If for the BFE. sure floor)	truction*	AR/AH, AR/AO. r meters. easurement used. meters meters
c) Bottom of the lowest horizontal structu	ral member (V Zones on	ly)	N/A [] feet	meters
d) Attached garage (top of slab) e) Lowest elevation of machinery or equipart (Describe type of equipment and locations).	oment servicing the build	ling	N/A ☐ feet	☐ meters
f) Lowest adjacent (finished) grade next	•		8.8 🔀 feet	meters
g) Highest adjacent (finished) grade next		=		meters
h) Lowest adjacent grade at lowest eleval structural support		luding	N/A ☐ feet	☐ meters
SECTION D - SUF	WEYOR, ENGINEER.	OR ARCHITECT CERTIF		
This certification is to be signed and sealed by I certify that the information on this Certificate in statement may be punishable by fine or imprison. Were latitude and longitude in Section A provide	a land surveyor, enginee epresents my best effort onment under 18 U.S. Co	er, or architect authorized besto interpret the data avail	y law to certify eleviable. I understand t	ation information. that any false e if attachments.
Certifier's Name				e ii allachments.
JEFFREY T. SLATER, PS	License Num #5794	iber		
Title PROFESSIONAL SURVEYOR Company Name SLATER GROUP, INC. Address 15540 RUSTON CIRCLE			The state of the s	TOWO TOWO
City PORT CHARLOTTE	State Florida	ZIP Code 33981	-	PINTERED
Signature	Date /	Telephone (941) 697-9970	Ext.	
Copy all pages of this Elevation Certificate and all Comments (including type of equipment and local comments)	attachments for (1) commattening per C2(e), if application, per C2(e)	nunity official, (2) insurance a	agent/company, and	(3) building owner.
C2(e) NO EQUIPMENT SERVICING BUILDING	3.			

IMPORTANT: In these spaces, copy the corresp			FOR INSUR	ANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite 835 MORRISON AVENUE	and/or Bldg. No.)	or P.O. Route and Box No.	Policy Numb	oer.
City ENGLEWOOD	State Florida	ZIP Code 34223	Company N	
SECTION E — BUILDING FOR Z	ELEVATION INF ONE AO AND ZO	ORMATION (SURVEY N NE A (WITHOUT BFE)	OT REQUIRED	
For Zones AO and A (without BFE), complete Item complete Sections A, B,and C. For Items E1–E4, u enter meters.	s E1–E5. If the Cer se natural grade, if	tificate is intended to suppo available. Check the meas	ort a LOMA or LO urement used. In	MR-F request, Puerto Rico only,
E1. Provide elevation information for the following the highest adjacent grade (HAG) and the low	and check the appress adjacent grade	ropriate boxes to show whe (LAG).	ther the elevation	is above or below
a) Top of bottom floor (including basement, crawispace, or enclosure) isb) Top of bottom floor (including basement,	· · · · · · · · · · · · · · · · · · ·	feet m	eters above	or below the HAG.
crawlspace, or enclosure) is		feet _ m		or Delow the LAG.
E2. For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in the diagrams) of the building is	od openings provide	ed in Section A Items 8 and		1–2 of Instructions),or ☐ below the HAG.
E3. Attached garage (top of slab) is		feet m		or below the HAG.
E4. Top of platform of machinery and/or equipmen servicing the building is	t *	feet m	eters 🗀 above	or below the HAG.
E5. Zone AO only: If no flood depth number is avail floodplain management ordinance? Yes	lable, is the top of t	he bottom floor elevated in lown. The local official mu	accordance with	the community's
SECTION F - PROPERTY (WAVED (OR OWN)		OFFICATION AND A	
The property owner or owner's authorized represen	tative who complete	es Sections A R and F for	Zone A (without	a FEMA_iccurd or
	e. The statements in	es Sections A, B, and E for a Sections A, B, and E are City	Zone A (without correct to the bes	a FEMA-issued or t of my knowledge. ZIP Code
Property Owner or Owner's Authorized Representati	e. The statements in	City	State	t of my knowledge.
Property Owner or Owner's Authorized Representat Address Signature	e. The statements in	n Sections A, B, and E are	correct to the bes	t of my knowledge.
Property Owner or Owner's Authorized Representati	e. The statements in	City	State	t of my knowledge.
Property Owner or Owner's Authorized Representat Address Signature	e. The statements in	City	State	t of my knowledge.
Property Owner or Owner's Authorized Representat Address Signature	e. The statements in	City	State	t of my knowledge.
Property Owner or Owner's Authorized Representat Address Signature	e. The statements in	City	State	t of my knowledge.
Property Owner or Owner's Authorized Representat Address Signature	e. The statements in	City	State	t of my knowledge.
Property Owner or Owner's Authorized Representat Address Signature	e. The statements in	City	State	t of my knowledge.
Property Owner or Owner's Authorized Representat Address Signature	e. The statements in	City	State	t of my knowledge.
Property Owner or Owner's Authorized Representat Address Signature	e. The statements in	City	State	t of my knowledge.

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

835 MORRISON AVENUE

City
State
ENGLEWOOD
State
Florida
State
SIP Code
STATE
ST

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

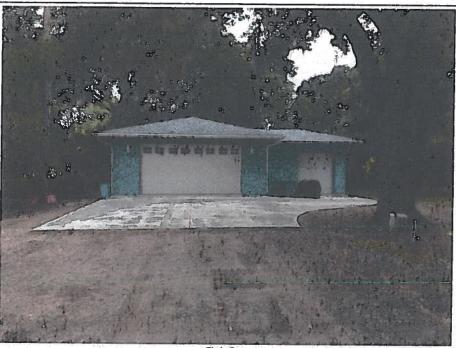


Photo One

Photo One Caption FRONT VIEW 12/07/2020

ELEVATION CERTIFICATE

Clear Photo One

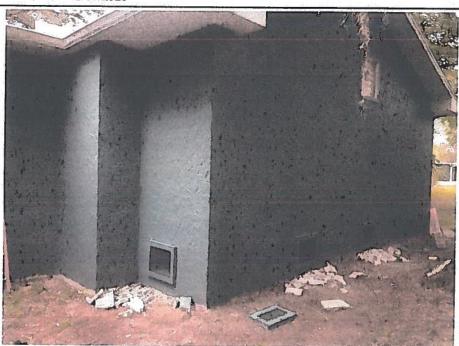


Photo Two Caption REAR VIEW 12/07/2020

Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2023

- Contained and the contained			Expiration Date: November 30, 2022	
IMPORTANT: In these spaces, co	py the corresponding informati	on from Section A.	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 835 MORRISON AVENUE			Policy Number:	
City ENGLEWOOD	State	ZIP Code	Company NAIC Number	
LITOLLYTOOD	Florida	34223		

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption RIGHT SIDE VIEW 12/07/2020

Glear Photo Three



120

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

	ROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name Exclusively For: LARRY NICOL			Policy Number:
A2. Building Street Address (including Apt., Box No. 835 MORRISON AVENUE	Unit, Suite, and/or Bldg. No.) o	r P.O. Route and	Company NAIC Number:
City ENGLEWOOD	State Florida	P 1	ZIP Code 34223
A3. Property Description (Lot and Block Nur LOTS 14 & 15, BLOCK D, ENGLEWOOD HO			× 50 g
A4. Building Use (e.g., Residential, Non-Res	sidential, Addition, Accessory,	etc.) ELEVATED BAT	THROOM IN DETACHED GARAGE
A5. Latitude/Longitude: Lat. N26*58'22.9"	Long. W82*22'11.3"	Horizontal Datu	m: NAD 1927 NAD 1983
A6. Attach at least 2 photographs of the buil	ding if the Certificate is being u	sed to obtain flood insur	rance.
A7. Building Diagram Number 6	х с		
A8. For a building with a crawlspace or encl	osure(s):		
a) Square footage of crawlspace or end	losure(s)	46.00 sq ft	
b) Number of permanent flood openings	in the crawlspace or enclosure		e adiacent grade 0
c) Total net area of flood openings in A8			9.000
d) Engineered flood openings? ☐ Ye			
	IS (A) NO		
A9. For a building with an attached garage:			
a) Square footage of attached garage _	N/A sq ft		
b) Number of permanent flood openings	in the attached garage within 1	.0 foot above adjacent of	grade N/A
c) Total net area of flood openings in A9	.b N/A sq	in	
d) Engineered flood openings?	es 🔀 No		
		7.00	
SECTION B - I	LOOD INSURANCE RATE I	MAP (FIRM) INFORMA	TION
B1. NFIP Community Name & Community No SARASOTA COUNTY 125144			B3. State
B4. Map/Panel B5. Suffix B6. FIRM In Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s) B9. E	Base Flood Elevation(s) Zone AO, use Base Flood Depth)
12115C0451 F 11-04-2016		AE 11	1 FT.
B10. Indicate the source of the Base Flood E			n B9 :
☐ FIS Profile ☑ FIRM ☐ Communi	ty Determined [Other/Soun	ce:	
B11. Indicate elevation datum used for BFE i	n Item B9: NGVD 1929	NAVD 1988 🔲 Ot	her/Source:
B12. Is the building located in a Coastal Barr	ier Resources System (CRPS)	area or Otherwice Prote	orded Area (OPA)? [7] Vee [7] No.
Designation Date:		CIOC OL OLIGINIST FIQU	WOW LIES TO HO
Dody Radio Date.	_ CBRS _ OPA		

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 835 MORRISON AVENUE	Policy Number:		
City State ZIP Code ENGLEWOOD Florida 34223	Company NAIC Number		
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY RI	EQUIRED)		
C1. Building elevations are based on: Construction Drawings* Building Under Construction A new Elevation Certificate will be required when construction of the building is complete.	ction*		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/	AF AR/A1_A30 AR/AH AR/AO		
Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puert Benchmark Utilized: SCBM Vertical Datum: NAVD 1988	o Rico only, enter meters.		
Indicate elevation datum used for the elevations in items a) through h) below.			
□ NGVD 1929 ☑ NAVD 1988 □ Other/Source:			
Datum used for building elevations must be the same as that used for the BFE.			
a) Top of hotters floor (including honorman) and development and development	Check the measurement used.		
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	9.8 🔀 feet 🗌 meters		
b) Top of the next higher floor	12.2 feet meters		
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A feet meters		
d) Attached garage (top of slab)	N/A feet meters		
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	N/A feet meters		
f) Lowest adjacent (finished) grade next to building (LAG)	8.8		
g) Highest adjacent (finished) grade next to building (HAG)	8.9 🔀 feet 🗌 meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	9.8 🛛 feet 📗 meters		
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by I certify that the information on this Certificate represents my best efforts to interpret the data available statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.	law to certify elevation information. ble. I understand that any false		
Were latitude and longitude in Section A provided by a licensed land surveyor?	Check here if attachments.		
Certifier's Name JEFFREY T. SLATER, PS #5794	THE MAN		
Title PROFESSIONAL SURVEYOR	A		
Company Name SLATER GROUP, INC.	4 5 6 6		
Address 15540 RUSTON CIRCLE	1 Note:		
City State ZIP Code PORT CHARLOTTE Florida 33981	2018ТЕРТО		
Signature Date Telephone (941) 697-9970 Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance a	Ext.		
Comments (including type of equipment and location, per C2(e), if applicable) A9(a) - SQUARE FOOTAGE OF ELEVATED ENCLOSED BATHROOM (46 SQ. FT.)	gone company, and (a) building owner.		
C2(a) - ELEVATION OF ENCLOSED BATHROOM (46 SQ. FT.) IS 12.2 FEET (NAVD). FLOOR ELEUNDER ELEVATED BATHROOM IS 9.6 FEET (NAVD).	EVATION OF GARAGE FLOOR		
C2(e) - NO EQUIPMENT SERVICING BUILDING.	-		

IMPORTANT: In these spaces, copy the corresponding information from \$	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. F 835 MORRISON AVENUE	Route and Box No.	Policy Number:
	IP Code 4223	Company NAIC Number
SECTION E — BUILDING ELEVATION INFORMAT FOR ZONE AO AND ZONE A (V		REQUIRED)
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is complete Sections A, B,and C. For Items E1–E4, use natural grade, if available enter meters. E1. Provide elevation information for the following and check the appropriate I	e. Check the measure	ment used. In Puerto Rico only,
the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement,	oxes to show whethe	The elevation is above of below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,	feet meter	
crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent flood openings provided in Se	feet _ meter	
the next higher floor (elevation C2.b in the diagrams) of the building is	feet _ meter	
E3. Attached garage (top of slab) is	_ feet meter	s above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	feet _ meter	s above or below the HAG.
E5. Zone AO only: If no flood depth number is available, is the top of the botto floodplain management ordinance? Yes No Unknown. To	m floor elevated in ac he local official must o	cordance with the community's certify this information in Section G.
SECTION F - PROPERTY OWNER (OR OWNER'S RE	PRESENTATIVE) CE	RTIFICATION
The property owner or owner's authorized representative who completes Section community-issued BFE) or Zone AO must sign here. The statements in Section	ons A, B, and E for Zons A, B, and E are con	ne A (without a FEMA-issued or rect to the best of my knowledge.
Property Owner or Owner's Authorized Representative's Name		
Address City	Sta	ate ZIP Code
Address City Signature Date		ate ZIP Code ephone
Signature Date		

IMPORTANT: In these spaces, copy the com		FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, S 835 MORRISON AVENUE			Policy Number:
City ENGLEWOOD		Code 223	Company NAIC Number
SECTION	ON G - COMMUNITY INFORMAT	TON (OPTIONAL)	
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, er	Certificate. Complete the applica	nity's floodplain mal ble item(s) and sign	nagement ordinance can complete below. Check the measurement
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	ed by law to certify elevation info	mation. (Indicate th	e source and date of the elevation
G2. A community official completed Sector Zone AO.	ion E for a building located in Zon	e A (without a FEM	A-issued or community-issued BFE)
G3. The following information (Items G4-	-G10) is provided for community f	oodplain managem	ent purposes.
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued
19-155619-BA	+ 1		,
G7. This permit has been issued for:	New Construction Substanti	al Improvement	
G8. Elevation of as-built lowest floor (including of the building:	g basement)	feet	meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:	feet	meters Datum
G10. Community's design flood elevation:		feet	meters Datum
Local Official's Name	Title		
Community Name	Telepho	ne	
Signature	Date		
Comments (including type of equipment and loc	cation, per C2(e), if applicable)		
Re Line A. T	structur.	e 15	Diagram 16.
			" / " " " " " " " " " " " " " " " " " "
			ga W
			101 a al
			Check here if attachments.

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 835 MORRISON AVENUE			
City	State	ZIP Code	Company NAIC Number
ENGLEWOOD	Florida	34223	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

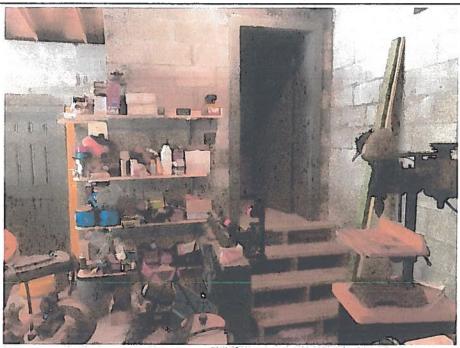


Photo One

Photo One Caption FRONT VIEW 03/13/2021

Clear Photo One



Photo Two

Photo Two Caption LEFT SIDE VIEW 03/13/2021

Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 835 MORRISON AVENUE			
City ENGLEWOOD	State Florida	ZIP Code 34223	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

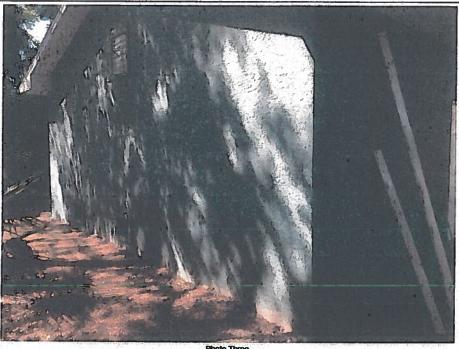


Photo Three

Photo Three Caption RIGHT SIDE VIEW (BLDG. EXTERIOR) 03/13/2021

Clear Photo Three



Photo Four

Photo Four Caption REAR VIEW (BLDG. EXTERIOR) 03/13/2021

Clear Photo Four