

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE
Policy Number:
Company NAIC Number:

A1. Building Owner's Name Graham Development, LLC
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
22909 Panama City Beach Parkway
City Panama City Beach State FL ZIP Code 32413

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Parcel ID #36076-026-010 Dunkin Donuts Site

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential
A5. Latitude/Longitude: Lat. 30°15'49.98"N Long. 85°58'20.51"W Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 1A

A8. For a building with a crawlspace or enclosure(s):
a) Square footage of crawlspace or enclosure(s) N/A-0 sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A-0
c) Total net area of flood openings in A8.b N/A-0 sq in
d) Engineered flood openings? Yes No

A9. For a building with an attached garage:
a) Square footage of attached garage N/A-0 sq ft
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A-0
c) Total net area of flood openings in A9.b N/A-0 sq in
d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <u>Bay County 120004</u>		B2. County Name <u>Bay</u>		B3. State <u>Florida</u>	
B4. Map/Panel Number <u>12005C0163</u>	B5. Suffix <u>H</u>	B6. FIRM Index Date <u>06/02/2009</u>	B7. FIRM Panel Effective/Revised Date <u>06/02/2009</u>	B8. Flood Zone(s) <u>AE & X</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>8.0'</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date: _____ CBRS OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: 46-02-C04V Vertical Datum: NAVD 88
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.

Check the measurement used.

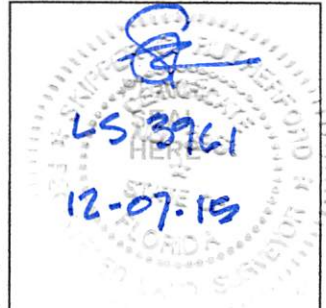
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>13.48</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>13.48</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>12.3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>12.5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> 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 law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
 Check here if attachments.

Certifier's Name Skipper C Rutherford License Number LS3961
Title President Company Name SCR & Associates NWFL, Inc.
Address PO Box 958 City Lynn Haven State FL ZIP Code 32444
Signature [Signature] Date 12/07/2015 Telephone 850-265-6979



STATE OF TEXAS

County of _____

Know all men by these presents that _____

of the County of _____ State of Texas

do hereby certify that _____

is the true and correct _____

of the _____



ELEVATION CERTIFICATE, page 2

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. 22909 Panama City Beach Parkway			Policy Number:
City Panama City Beach	State FL	ZIP Code 32413	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments C2.e) Machinery used was ice maker inside the building



Signature Skipper C Rutherford

Date 12/07/2015

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 - a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number CB15-0079	G5. Date Permit Issued 7-6-15	G6. Date Certificate Of Compliance/Occupancy Issued
---------------------------------------	---	---

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ 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 **D.S.** Date **12/10/15**

Comments **(Raised Seal original)** Check here if attachments.

SECTION 4 - CONTACT INFORMATION (CONTINUED)	
Organization	ORG
Address	ADDRESS
City	CITY
State	STATE
Zip	ZIP
Phone	PHONE
Fax	FAX
Telex	TELEX
Other	OTHER

41. Is the organization a... <input type="checkbox"/> YES <input type="checkbox"/> NO	42. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	43. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO
44. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	45. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	46. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO
47. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	48. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	49. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 5 - COMMUNITY INFORMATION (CONTINUED)	
51. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
52. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
53. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
54. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
55. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 6 - BUSINESS ORGANIZATION (CONTINUED)	
61. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
62. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
63. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
64. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
65. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
66. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
67. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
68. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
69. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
70. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 7 - FINANCIAL INFORMATION (CONTINUED)	
71. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
72. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
73. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
74. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
75. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
76. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
77. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
78. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
79. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
80. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 8 - ORGANIZATION INFORMATION (CONTINUED)	
81. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
82. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
83. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
84. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
85. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
86. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
87. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
88. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
89. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	
90. Is the organization... <input type="checkbox"/> YES <input type="checkbox"/> NO	

Building Photographs

See Instructions for Item A6.

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.
22909 Panama City Beach Parkway

Policy Number:

City Panama City Beach

State FL

ZIP Code 32413

Company NAIC Number:

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.

Front View



Left Side View



MEMORANDUM FOR THE DIRECTOR

DATE: 10/10/50

TO: DIRECTOR

FROM: SAC, [illegible]

SUBJECT: [illegible]

[Illegible typed text]

[Large area of illegible typed text]

Building Photographs

Continuation Page

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.
22909 Panama City Beach Parkway

Policy Number:

City Panama City Beach

State FL

ZIP Code 32413

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.

Rear View



Right Side View



REPORT OF THE BOARD OF DIRECTORS

FOR THE YEAR ENDING 31st MARCH 1968

1968

STATEMENT OF FINANCIAL POSITION
 AS AT 31st MARCH 1968

Fixed Assets	£ 1,200,000
Current Assets	£ 800,000
LIABILITIES	
Capital and Reserves	£ 1,200,000
Current Liabilities	£ 800,000

At the annual general meeting of the company held on 28th April 1968, the following resolutions were passed:

1. That the accounts be and are approved.

2. That the directors be re-elected.

3. That the directors be authorised to pay a dividend of 10% on the ordinary shares of the company for the year ending 31st March 1968.

The directors have pleasure in announcing that the company has achieved a profit of £100,000 for the year ending 31st March 1968, and that a dividend of 10% has been paid on the ordinary shares of the company.

INCOME STATEMENT	
Year ended 31st March	1968
Revenue	£ 1,000,000
Cost of Sales	(800,000)
Gross Profit	£ 200,000
Operating Expenses	(100,000)
Operating Profit	£ 100,000
Finance Income	50,000
Finance Expenses	(20,000)
Profit before Tax	£ 130,000
Income Tax	(30,000)
Profit after Tax	£ 100,000
Dividend Paid	(100,000)
Retained Profit	£ -

STATEMENT OF CHANGES IN RESERVES

FOR THE YEAR ENDING 31st MARCH 1968