

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

Certified Mail Fee 1.4 7969 0099 9790 1733 2695 04

\$
Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ 3.30
- Return Receipt (electronic) \$ 2.70
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ 0.00

Postage

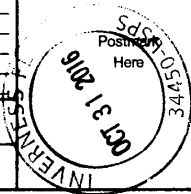
\$
Total Postage and Fees \$ 4.65

\$
Total \$ 6.485

Sent To

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

THOMAS J WITTMAN FAMILY ESTATE LLC
1064 WEST WILLIS WAY
APPLETON, WI 54913



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

Certified Mail # **4214 7969 0099 9790 1733 2695 11**

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ **3.30**
- Return Receipt (electronic) \$ **2.70**
- Certified Mail Restricted Delivery \$
- Adult Signature Required \$
- Adult Signature Restricted Delivery \$ **0.00**

Postage

\$

Total Postage **\$0.465**

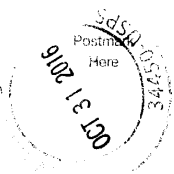
\$

\$8.465

Sent To

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

OCCUPANT
3070 NW 3RD ST
POMPANO BEACH, FL 33069



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

Certified Mail Fee 1,4 7969 0099 9790 1733 2695 28

\$
Extra Services & Fees (check box, add fee as appropriate)
\$3.30

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ **\$2.70**
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ **\$0.00**

Postage

\$
Total Postage **\$0.465**

\$
\$0.465

Sent To

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

OCCUPANT
PO BOX 934293
MARGATE, FL 33093

Postmark
Here

OCT 31 2016
INVESTMENT

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

Certified Mail Fee 14 7969 0099 9790 1733 2695 35

\$
Extra Services & Fees (check box, add fee as appropriate)
\$3.30

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ 2.70
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ 0.00

Postage

\$
Total Postage and Fees \$ 7.65

\$
\$ 6.465

Sent To

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

PLANNING CONSULTANTS OF TALLAHASSEE IN
and FARMERS AND MERCHANTS BANK
278 ROSEHILL DR E
TALLAHASSEE, FL 32312



U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

Certified Mail # **9214 7969 0099 9790 1733 2695 42**

\$
Extra Services & Fees (check box, add fee as appropriate)
\$3.30

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ **2.70**
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ **0.00**

Postage

\$
Total Postage and Fees **\$0.65**

\$
\$8.485

Sent To

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

SPORTAILOR INC
6501 N.E. 2ND CT
MIAMI, FL 33138

Postmark
Here

OCT 31 2016

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

Certified Mail Fee ~~2.40~~ 1,4 7969 0099 9790 1733 2695 59

\$
Extra Services & Fees (check box, add fee as appropriate)
\$3.30

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ ~~2.70~~
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ \$0.00

Postage

\$
Total Postage and Fees \$0.455

\$
\$0.485

Sent To

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

CB INTERNATIONAL INVESTMENTS LLC
DEPT 2500
P.O. BOX 830539
BIRMINGHAM, AL 35283



Code: 2016-0450TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

Certified Mail Fee 1.4 7965 0099 9790 1733 2695 66

\$
Extra Services & Fees (check box, add fee as appropriate)
\$3.30

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ **\$2.70**
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ **\$0.00**

Postage

\$
Total Postage **\$0.66**

\$
\$6.485

Sent To

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

WILLIAM J SCHUMACHER
6655 E PLACITA ALHAJA
TUCSON, AZ 85750

Postmark
Here

9/10/16

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

Certified Mail Fee **14 7969 0099 9790 1733 2695 73**

\$
Extra Services & Fees (check box, add fee as appropriate)
 Return Receipt (hardcopy) \$ 3.30
 Return Receipt (electronic) \$ 2.70
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ 0.00

Postage

\$
Total Postage 50.465

\$
36.465

Sent To

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

CITRUS COUNTY
ATTN LAND SECTION
110 N APOPKA AV
INVERNESS, FL 32150

Postmark
Here

2016
9/07

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

Certified Mail Fee 1,4 7969 0099 9790 1733 2695 80

\$

Extra Services & Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ ~~3.30~~
- Return Receipt (electronic) \$ ~~2.70~~
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ _____
- Adult Signature Restricted Delivery \$ ~~0.00~~

Postmark

Here

Postage

\$

Total Postage ~~\$0.465~~

\$

~~\$6.465~~

Sent To

Street, Apt. No.,

or PO Box No.

City, State, Zip+4

DEBRA A SMITH
3070 NW 3RD ST
POMPANO BEACH, FL 33069

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

Certified Mail Fee **14 7969 0099 9790 1733 2695 97**

\$
Extra Services & Fees (check box, add fee as appropriate)
\$3.30

- Return Receipt (hardcopy) \$ _____
 Return Receipt (electronic) \$ **2.70**
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ _____
 Adult Signature Restricted Delivery \$ **0.00**

Postage

\$
Total Postage and Fees
\$0.465

\$
\$6.465

Sent To

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

DEBRA A SMITH
PO BOX 934293
MARGATE, FL 33093



Code: 2016-0450TD

UNITED STATES POSTAL SERVICE

APPOPKA FL 34410

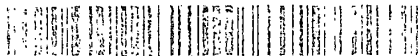
009 20 04507

04 APR 2010 PM 2 1

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 1119
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



910 9949 0097 9732 2645 4

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLANNING CONSULTANTS OF TALLAHASSEE INC and
 BANKERS AND MERCHANTS BANK
 AT ROSEHILL DRIVE
 TALLAHASSEE, FL 32312



9290 7969 0099 9733 2695 43

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1733 2695 35

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *W.H. Schoenfisch* Agent
 Addressee

B. Received by (Printed Name)

W.H. Schoenfisch C. Date of Delivery
11/3/16

D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PHOENIX
AZ 852
UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

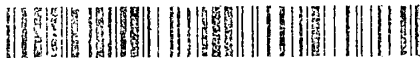
Code: 2016-04

NOV '16

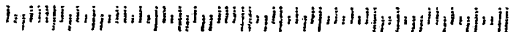
PM 8 L

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



5290 9969 0099 9733 2695 74

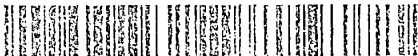


SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WILLIAM J SCHUMACHER
6655 E PLACITA ALHAJA
TUCSON, AZ 85750



9290 9969 0099 9733 2695 74

2. Article Number (Transfer from service label)

9214 2969 0099 9790 1733 2695 74

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**

- Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery**

11-4-16

- D. Is delivery address different from item 1?** Yes
If YES enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

UNITED STATES POSTAL SERVICE

JACKSONVILLE FL 322

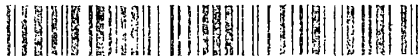
Code: 2016-045-011

02 NOV 2015 PM 5T

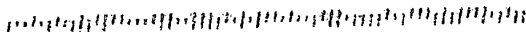
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 11' 2
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



9250 9969 0099 9733 2695 61



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

[Handwritten Name: D. Finley]

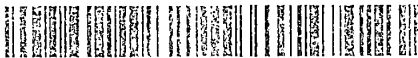
C. Date of Delivery

[Handwritten Date: 11/2/14]

- D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

1. Article Addressed to:

CITRUS COUNTY
 ATTN LAND SECTION
 110 N APOPKA AVE
 INVERNESS, FL 34450



9290 9969 0099 9733 2695 81

2. Article Number (Transfer from service label)

9274 7969 0099 9790 7733 2695 73

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |



ANGELA VICK

CLERK OF CIRCUIT COURT & COMPTROLLER

110 NORTH APOPKA AVENUE

INVERNESS, FLORIDA 34450-4299

Hasler

FIRST-CLASS MAIL

10/31/2016

US POSTAGE

\$00.46⁵



ZIP 34450
011D11644143

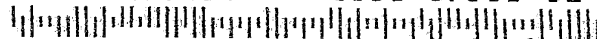
2016-0450TD
DEBRAA SMITH
3070 NW 3RD ST
POMPANO BEACH, FL 33069

NIXIE 333 SE 1 0111/04/16

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

IA
3306932163 CO2E
34450>4299

BC: 34450429999 *0338-07392-01-00





ANGELA VICK

CLERK OF CIRCUIT COURT & COMPTROLLER
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450-4299

Hasler

FIRST-CLASS MAIL

10/31/2016

US POSTAGE

\$00.46⁵



ZIP 34450
011D11644143

MSN

2016-0450TD
OCCUPANT
3070 NW 3RD ST
POMPANO BEACH, FL 33069

NIXIE

333

SE 1

0111/04/16

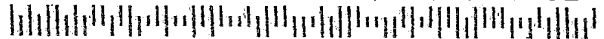
RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

IA

3445042999

BC: 34450429999

*0338-07390-01-00



UNITED STATES POSTAL SERVICE

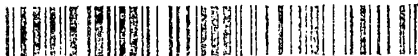


Code: 2016-0450TD

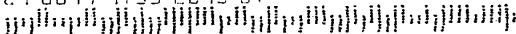
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



9290 9969 0099 9733 2695 67

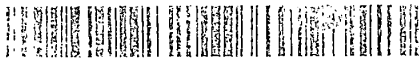


SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CB INTERNATIONAL INVESTMENTS LLC
 DEPT 2500
 P. O. BOX 830539
 BIRMINGHAM, AL 35283



5290 9969 0099 9733 2695 67

2. Article Number (Transfer from service label)

5214 7969 0099 9790 1733 2695 59

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**

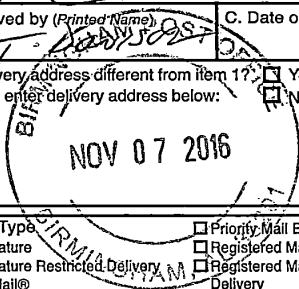
- Agent
 Addressee

B. Received by (Printed Name)

T. J. Adams

C. Date of Delivery

- D. Is delivery address different from item 1?** Yes
 If YES enter delivery address below: No

**3. Service Type**

- Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)



ANGELA VI
 CLERK OF CIRCUIT COURT
 110 NORTH APOPKA AVENUE
 INVERNESS, FLORIDA 34450

NSN



9214 7969 0099 9790 1733 2695 11

OCCUPANT
 3070 NW 3RD ST
 POMPANO BEACH, FL 33069

Hasler

FIRST-CLASS MAIL

10/31/2016

US POSTAGE

\$06.46⁵



ZIP 34450
 011D11644143

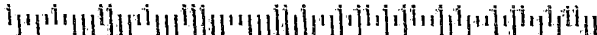
NIXIE 833 SE 1 0111/09/16

RETURN TO SENDER
 NO SUCH NUMBER
 UNABLE TO FORWARD

NSN

BC: 34450429999 *0438-08167-01-15

34450429999



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OCCUPANT
3070 NW 3RD ST
POMPANO BEACH, FL 33069



2. Article Number (Transfer from service label)

9290 9969 0099 9290 1733 2695 29

COMPLETE THIS SECTION ON DELIVERY

A. Signature.

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

PS Form 3811, April 2015 PSN 7530-02-000-9053

Batch #: 407329
Article #: 92147969009992901733269529
Date/Time:
Code: 2016-04S0TD

Internal File #:
Internal Code:

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DEBRA A SMITH
3070 NW 3RD ST
POMPANO BEACH, FL 33069



9290 9969 0099 9233 2695 98

2. Article Number (Transfer from service label)

9214 2969 0099 9290 1233 2695 80

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
If YES enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

Batch #: 401057

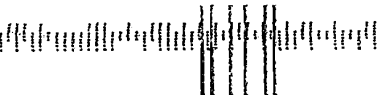
Article #: 92142969009992901233269580

Date/Time:

Code: 2016-0459TD

Internal File #:
Internal Code:

UNITED STATES POSTAL SERVICE

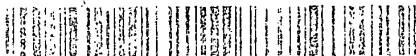


First-Class Mail
Postage & Fees
USPS
Permit No.

Code: 2016-0450TD

• Sender: Please print your name, address, and ZIP+4® in this box

TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



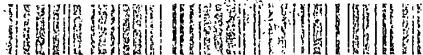
490 9569 0059 9733 2695 50

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SPORTAILOR INC
6501 N.E. 2ND CT
MIAMI, FL 33138



9290 9969 0099 9234 2695 50

2. Article Number (Transfer from service label)

9214 7969 0099 9290 1733 2695 42

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

Cynthia Mrs.

C. Date of Delivery

11/3/16

D. Is delivery address different from item 1? YesIf YES enter delivery address below: No**3. Service Type**

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

UNITED STATES POSTAL SERVICE

Code: 2016-0450TD



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



9290 9965 0099 9753 2695 36

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OCCUPANT
 PO BOX 934293
 MALIBU GATE, FL 33093



9290 9969 0099 9233 2695 36

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1233 2695 28

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

UNITED STATES POSTAL SERVICE

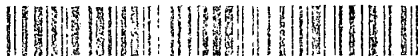


Code: 2016-045610

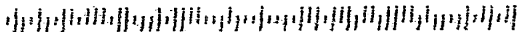
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



9290 9969 0099 5733 2695 12



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

THOMAS J WITTMAN FAMILY ESTATE LLC
 1064 WEST WILLIS WAY
 APPLETON, WI 54913



9290-9969 0099-9733 2695-12

2. Article Number (Transfer from service label)

9214 2969 0099 9790 1733 2695 04

COMPLETE THIS SECTION ON DELIVERY**A. Signature:****X**

- Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery**

- D. Is delivery address different from item 1?** Yes
 If **YES** enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |



ANGELA VIC
 CLERK OF CIRCUIT COURT
 110 NORTH AOPKA AVEN
 INVERNESS, FLORIDA 344



9214 7969 0095 9790 1733 2675 28

Hasler

FIRST CLASS MAIL

10/31/2016

US POSTAGE

\$06.46⁵



ZIP 34450
 011D11644143

OCCUPANT
 PO BOX 804290
 MIAMI GATE, FL 33083

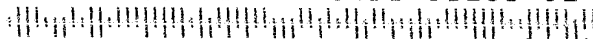
Vacant

NIXIE 333 SE 1 0111/17/16

RETURN TO SENDER
 VACANT
 UNABLE TO FORWARD

VAC BC: 34450429999 *0438-08168-01-15

34450429999





ANGELA VICK

CLERK OF CIRCUIT COURT & COMPTROLLER
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450-4299

Hasler

FIRST-CLASS MAIL

10/31/2016

US POSTAGE

\$00.46⁵



ZIP 34450
011D11644143

Smith

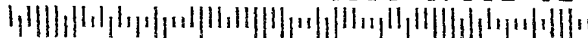
2016-0450TD
OCCUPANT
PO BOX 934293
MARGATE, FL 33093

NIXIE 333 DE 1 0011/24/16

RETURN TO SENDER
TEMPORARILY AWAY
UNABLE TO FORWARD

3445042999
3445042999

BC: 34450429999 *0338-07391-01-00





ANGELA VICK

CLERK OF CIRCUIT COURT & COMPTROLLER
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450-4299

Hasler

FIRST-CLASS MAIL

10/31/2016

US POSTAGE

\$00.46⁵



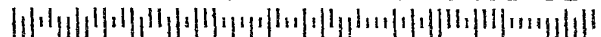
ZIP 34450
011D11644143

2016-0450TD
DEBRA A SMITH
PO BOX 934293
MARGATE, FL 33093

NIXIE 333 DE 1 0011/24/16

RETURN TO SENDER
TEMPORARILY AWAY
UNABLE TO FORWARD

BC: 34450429999 *0338-07488-01-00



~~3009341093~~ FWD
3445042999

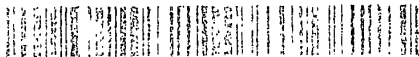
UNITED STATES POSTAL SERVICE

Case 2016-0450710

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX LEAD 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



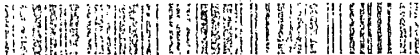
0790 5914 0001 1 3 2586 0

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DEBRA A SMITH
PO BOX 934293
MARGATE, FL 33093



9290 3969 0099 9233 2696 04

2. Article Number (Transfer from service label)

5214 2969 0099 9230 1734 2695 97

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**

- Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery**

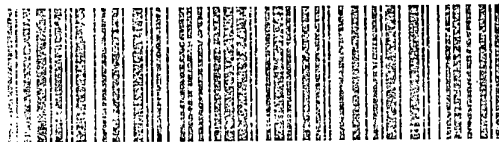
- D. Is delivery address different from item 1?** Yes
If YES enter delivery address below: No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |



ANGELA VIC
CLERK OF CIRCUIT COURT
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450



9214 7969 0099 9790 1733 2695 97

DEBRA A SMITH
PO BOX 934293
MARGATE, FL 33093

Hasler

10/31/2016

US POSTAGE

FIRST-CLASS MAIL

\$06.46⁵



ZIP 34450
011D11644143

SMIT293 3309 NIXIE
NIXIE

333 DC 1

0012/22/16

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

NSN DC: 3450 C: 34450429999 *1487-02427-22-4



er Form LCD-811R rev. 05/15

Batch #: 107,329

Article #: 9216796906997901731269507

Date/Time:

Code: 2015-0450TD

Internal File #:

Internal Doc#:

UNITED STATES POSTAL SERVICE

Code: 2016-0450TD



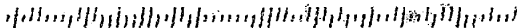
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 1112
ANGELA VICK
CLERK OF CIRCUIT COURT
110 N Apopka Ave
Inverness, FL 34450



9290 9969 0099 9737 1910 24



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DEBRA A SMITH
125 BENSON ST
ALBANY, NY 12206-2122



9290 9969 0099 9737 1910 24

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 1910 16

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

1/21

- D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input checked="" type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input checked="" type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input checked="" type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |