

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

9214 7969 0099 9790 1737 1910 47

Certified Mail Fee

\$ 3.30

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

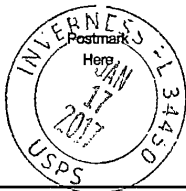
- Return Receipt (hardcopy) \$ 2.70
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ 0.00
- Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.465

Total Postage and Fees

\$ 6.465



Sent To

DEBRA A SMITH
PO BOX 934293
MARGATE, FL 33093

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

Code: 2016-0450TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

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

9214 7969 0099 9290 1237 1910 30

Certified Mail Fee

\$ 3.30

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

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

Postage

\$ 0.465

Total Postage and Fees

\$ 6.465



Sent To

DEBRA A SMITH
8711 EAST MOCCASIN SLOUGH ROAD
INVERNESS, FL 34450

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

Code: 2016-0450TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

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

9214 7969 0099 9790 1737 1910 23

Certified Mail Fee

\$ 3.30

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

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

Postage

\$ 0.465

Total Postage and Fees

\$ 6.465



Sent To

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

*Street, Apt. No.,
or PO Box No.*

City, State, Zip+4

Code: 2016-0450TD

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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

9214 7969 0099 9290 1237 1910 16

Certified Mail Fee

\$ 3.30

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

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

Postage

\$ 0.465

Total Postage and Fees

\$ 6.465



Sent To

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

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

Code: 2016-0450TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

9214 7969 0099 9790 1237 1910 09

Certified Mail Fee

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

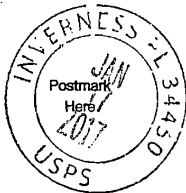
- Return Receipt (hardcopy) \$ 2.70
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.465

Total Postage and Fees

\$ 6.465



Sent To

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

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

Code: 2016-0450TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

9214 7969 0099 9290 1237 1911 08

Certified Mail Fee

\$ 3.30

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

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

Postage

\$ \$0.465

Total Postage and Fees

\$ \$6.465



Sent To

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

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

Code: 2016-0450TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

9214 7969 0099 9290 1237 1910 85

Certified Mail Fee

\$ 3.30

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

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

Postage

\$ 0.465

Total Postage and Fees

\$ 6.465



Sent To

OCCUPANT
PO BOX 934293
MARGATE, FL 33093

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

Code: 2016-0450TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

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

9214 7969 0099 9790 1237 1910 78

Certified Mail Fee

\$ 3.30

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

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

Postage

\$ 0.465

Total Postage and Fees

\$ 6.465



Sent To

OCCUPANT
8711 EAST MOCCASIN SLOUGH ROAD
INVERNESS, FL 34450

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

Code: 2016-0450TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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9214 7969 0099 9790 1237 1910 54

Certified Mail Fee

\$ 3.30

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

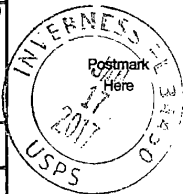
- Return Receipt (hardcopy) \$ 2.70
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ 0.00
- Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.465

Total Postage and Fees

\$ 6.465



Sent To

OCCUPANT
125 BENSON ST
ALBANY, NY 12206-2122

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

Code: 2016-0450TD

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

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

9214 7969 0099 9290 1237 1910 61

Certified Mail Fee

\$ 3.30

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

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

Postage

\$ 0.465

Total Postage and Fees

\$ 6.465



Sent To

OCCUPANT

Street, Apt. No.,
or PO Box No.

3070 NW 3RD ST
POMPANO BEACH, FL 33069

City, State, Zip+4

Code: 2016-0450TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

9214 7969 0099 9290 1237 1910 92

Certified Mail Fee

\$ 3.30

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

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

Postage

\$ 0.465

Total Postage and Fees

\$ 6.465



Sent To

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

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

Code: 2016-0450TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

9214 7969 0099 9290 1237 1911 22

Certified Mail Fee

\$ 3.30

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

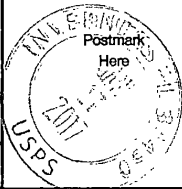
- Return Receipt (hardcopy) \$ 2.70
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ 0.00
- Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.465

Total Postage and Fees

\$ 6.465



Sent To

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

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

Code: 2016-0450TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

9214 7969 0099 9790 1237 1911 39

Certified Mail Fee

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

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

Postage

\$ 0.465

Total Postage and Fees

\$ 6.465



Sent To

WILLIAM J SCHUMACHER
6655 E PLACITA ALHAJA
TUCSON, AZ 85750

Street, Apt. No.,
or PO Box No.

City, State, Zip+4

Code: 2016-0450TD

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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

9214 7969 0099 9290 1237 1911 15

Certified Mail Fee

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

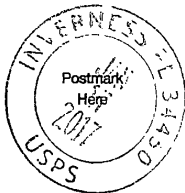
- Return Receipt (hardcopy) \$ 2.70
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.465

Total Postage and Fees

\$ 6.465



Sent To

CB INTERNATIONAL INVESTMENTS LLC
DEPT 2600
P.O. BOX 830539
BIRMINGHAM, AL 35283

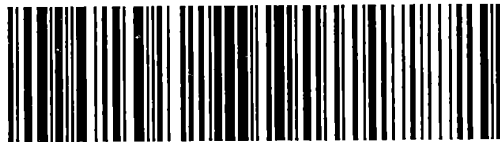
Street, Apt. No.,
or PO Box No.

City, State, Zip+4

Code: 2016-0450TD



ANGELA VI
CLERK OF CIRCUIT COURT
110 NORTH APOPKA AVE
INVERNESS, FLORIDA 344



9214 7969 0099 9790 1737 1910 09

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

Hasler

01/17/2017

US POSTAGE



FIRST-CLASS MAIL

\$06.46⁵

ZIP 34450
011D11644143

3445084231 0001



Reorder Form LCD-811R rev. 05/15

.....
.....
.....

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

Batch #: 422,053
Article #: 92147969009997901737191009
Date/Time:
Code: 2016-0450TD

Internal File #:
Internal Code:

UNITED STATES POSTAL SERVICE

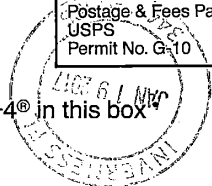
Code: 2016-0450TD



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 17

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:

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



9290 9969 0099 9737 1910 17

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 1910 09

COMPLETE THIS SECTION ON DELIVERY

A. Signature

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

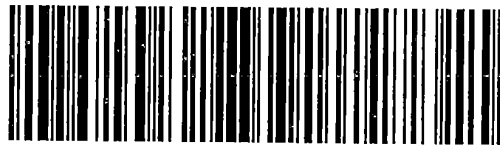
- D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

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 34455



9214 7969 0099 9790 1737 1910 61

Hasler

FIRST-CLASS MAIL

01/17/2017

US POSTAGE

\$06.46⁵



ZIP 34450
 011D11644143

OCCUPANT
 3070 NW 3RD ST
 POMPANO BEACH, FL 33069

NLN

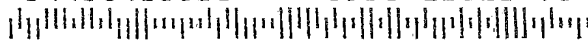
NIXIE 333 DE 1 0001/21/17

RETURN TO SENDER
 NO SUCH NUMBER
 UNABLE TO FORWARD

NSN

BC: 34450429999 *0538-12012-18-02

33069 34450 42999



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



9290 9969 0099 9737 1910 79

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 1910 61

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) | |

Batch #: 422,053
 Article #: 92147969009997901737191061
 Date/Time:
 Code: 2016-0450TD

Internal File #:
 Internal Code:



ANGELA VICK

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

Hasler

FIRST-CLASS MAIL

01/17/2017

US POSTAGE

\$00.46⁵



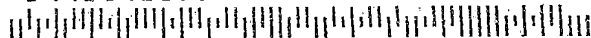
ZIP 34450
011D11644143

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

NIXIE 333 DE 1 0001/21/17

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

BC: 34450429999 *0538-00497-18-03



NSN

3300 34450 4299

UNITED STATES POSTAL SERVICE

Code: 2016-0450TD

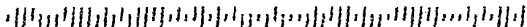
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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 1911 16



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 9737 1911 16

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 1911 08

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

Cynthia Rizo

C. Date of Delivery

JAN 19 2010

- 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: 2016-0450TD

APPOPKA
FL 330
19 JAN 17
PM 2 L



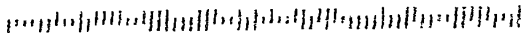
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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 86



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
8711 EAST MOCCASIN SLOUGH ROAD
INVERNESS, FL 34450



9290 9969 0099 9737 1910 86

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 1910 78

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Delus Sweet

-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

D Smith

C. Date of Delivery

11/19/17

- 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) | |

JACKSONVILLE
UNITED STATES POSTAL SERVICE

Code: 2016-0450TD

5 30
19 JAN 17

PM 11



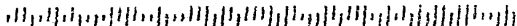
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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 48



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:

DEE
8711 L IN SLOUGH ROAD
INVERNESS, FL 32450



9290 9969 0099 9737 1910 48

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 1910 30

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Debra Sweet* Agent
 Addressee

B. Received by (Printed Name)

D Smith

C. Date of Delivery

11/9/07

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: 2016-0450TD



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 1911 23

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



9290 9969 0099 9737 1911 23

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 1911 15

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

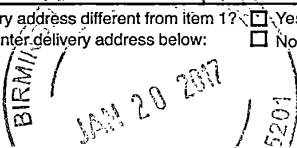
-
- Agent
-
-
- Addressee

B. Received by (Printed Name)

T. Davis

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: 2016-0450TD

20 JAN '17

PM 8 L



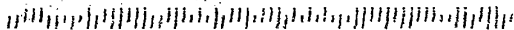
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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 1911 47



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 9737 1911 47

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 1911 39

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

1-20-17

- 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 checked="" type="checkbox"/> Insured Mail | |
| <input checked="" type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

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
125 BENSON ST
ALBANY, NY 12206-2122



9290 9969 0099 9737 1910 62

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 1910 54

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- 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 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

01/17/2017

US POSTAGE

\$00.46⁵



ZIP 34450
011D11644143

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

NIXIE 333 DE 1 0001/21/17

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

NSN

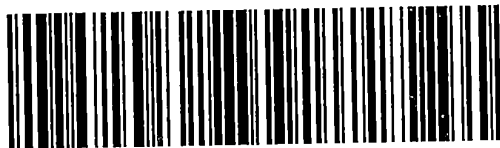
BC: 34450429999 *0538-00493-18-03

33069 34450 42999





ANGELA VIC
CLERK OF CIRCUIT COURT
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 344



9214 7969 0099 9790 1737 1910 23

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

NSN

Hasler

FIRST-CLASS MAIL

01/17/2017

US POSTAGE

\$06.46⁵



ZIP 34450
011D11644143

NIXIE 333 DE 1

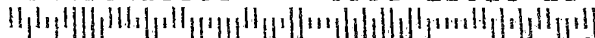
0001/21/17

RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD

NSI

BC: 34450429999 *0538-12016-18-02

30080001004709



Reorder Form LCD-811R rev. 05/15

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:

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



9290 9969 0099 9737 1910 31

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 1910 23

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

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

Batch #: 422,053
Article #: 92147969009997901737191023
Date/Time:
Code: 2016-0450TD

Internal File #:
Internal Code:

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

Code: 2016-0450TD



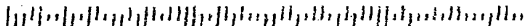
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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 1911 30



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. Addressee Addressed to:

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



9290 9969 0099 9737 1911 30

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 1911 22

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
 Addressee

B. Received by (Printed Name)

WITTMAN

C. Date of Delivery

1/27/18

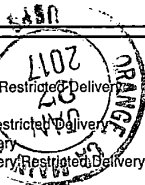
D. Is delivery address different from item 1? YesIf YES enter delivery address below: No

7145 E. ORANGE

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



UNITED STATES POSTAL SERVICE

Code: 2016-0450TD



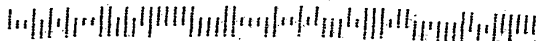
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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



8380 8818 0088 8722 1811 08



02/08

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.

Article Addressed to:

**PLANNING CONSULTANTS OF TALLAHASSEE INC and
 FARMERS AND MERCHANTS BANK
 78 ROSEHILL DR E
 TALLAHASSEE, FL 32312**



9290 9969 0099 9737 1911 09

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 1910 92

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *W.H. Schoenfish* Agent
 Addressee

B. Received by (Printed Name)

Schoenfish

C. Date of Delivery

?

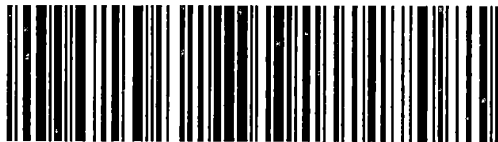
D. Is delivery address different from item 1? Yes
 If YES enter delivery address below: No

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



9214 7969 0099 9790 1737 1910 85

OCCUPANT
PO BOX 934293
MARGATE, FL 33093

Hasler

01/17/2017

US POSTAGE

FIRST-CLASS MAIL

\$06.46⁵



ZIP 34450
011D11644143

NIXIE 333 DE 1 0002/12/17

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 34450429999 *0538-12010-18-02

UNC

~~3309342993 299~~



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
PO BOX 934293
MARGATE, FL 33093



9290 9969 0099 9737 1910 93

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 1910 85

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

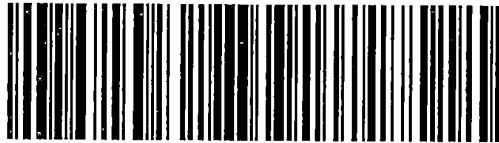
 Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Insured Mail Restricted Delivery
(over \$500) Priority Mail Express® Registered Mail™ Registered Mail Restricted
Delivery Return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

Batch #: 422,053
Article #: 92147969009997901737191085
Date/Time:
Code: 2016-0450TD

Internal File #:
Internal Code:



ANGELA VIC
CLERK OF CIRCUIT COURT
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 344



9214 7969 0099 9790 1737 1910 47

DEBRA A SMITH
PO BOX 934293
MARGATE, FL 33093

Hasler

01/17/2017

US POSTAGE

FIRST-CLASS MAIL

\$06.46⁵



ZIP 34450
011D11644143

Handwritten signature
1/23

NIXIE

333 DE 1

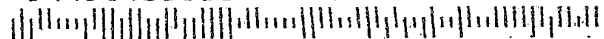
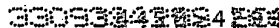
0002/12/17

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

9330029814202976

UNC

BC: 34450429999 *0538-12014-18-02



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

Reorder Form LCD-811R rev. 05/15

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 9969 0099 9737 1910 55

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1737 1910 47

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

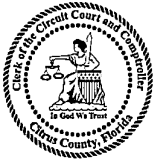
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted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

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

Domestic Return Receipt

Batch #: 422,053
Article #: 92147969009997901737191047
Date/Time:
Code: 2016-0450TD

Internal File #:
Internal Code:



ANGELA VICK

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

Hasler

FIRST-CLASS MAIL

01/17/2017

US POSTAGE

\$00.46⁵



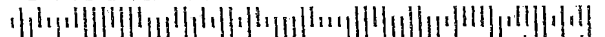
ZIP 34450
011D11644143

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

NIXIE 333 DE-1 6003/09/17

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

BC: 34450429999 *0538-00491-18-03



FWO
34450429999