

DOWN PAYMENT	
\$	
AMOUNT	SEQUENCE NUMBER
RECEIVED AT COMPLETION	
\$	
AMOUNT	DEPOSIT NUMBER
ACCOUNT NUMBER	



NOTE TO CUSTOMER
 This is a service order and copy of the Termite Protection Plan. This service order is contingent on approval of the Terminix branch manager. The official Termite Protection Plan will be mailed to you when the work is completed and Terminix has been paid in full.

THE TERMINIX INTERNATIONAL COMPANY L.P.

TERMITE PROTECTION PLAN

PURCHASER James W. Coburn TELEPHONE 904-221-5761
 MAIL ADDRESS 1471 Wells Road
 CITY Orange Park STATE FL ZIP CODE 32073
 DESCRIPTION OF PROPERTY Commercial Building

PROPERTY ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____

Effective _____ through _____, for the sum of \$ 3100.00, Terminix will provide the necessary service to protect the identified property against the attack of subterranean termites (*Reticulitermes sp.*, *Heterotermes sp.*). THIS PLAN DOES NOT PROTECT AGAINST FORMOSAN TERMITES (*COPTOTERMES sp.*).

Terminix will extend protection annually to the Purchaser for so long as he or she may own the property for \$ 372.00 per year payable on or before the end of the previous protection period. After the third year and each year thereafter Terminix reserves the right to revise the annual extension charge.

During the term of this Plan, any further treatment found necessary will be performed free of charge. Terminix will reinspect the identified property at any time the Purchaser requests it or if Terminix believes it necessary.

This Plan provides protection against new subterranean termite damage to the structure and contents. If new damage occurs during the contract term, Terminix will, upon notification and inspection, arrange for the necessary repairs or replacement and pay the entire cost of labor and materials. New damage is defined as damage done by subterranean termites subsequent to the inception date of this contract; the definition excludes damage existing at the inception date. Unless live termites are found in the damaged area, the damage discovered is old damage and is not covered under this Plan. Repairs for new damage to commercial structures (including but not limited to multi-unit residential apartments, town houses and condominiums) are limited in the aggregate to \$300,000.00.

In the event of additions or alterations to the identified property, Purchaser must give prior notice and arrange with Terminix for additional service at Purchaser's expense. Such additions or alterations may also require an adjustment to the annual extension charge.

Any additional provisions attached hereto, including the terms and conditions on the reverse side and the inspection graph dated 10/6/95 are part of this Plan.

Terminix has provided the Purchaser with a copy of the manufacturer's specimen label or other state required documents for the termiticide(s) which will be used to treat the above-named property.

(Purchaser's Initials)

NOTICE: YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FOR AN EXPLANATION OF THIS RIGHT.

PURCHASER James W. Coburn DATE 10/10/95
 TERMINIX REPRESENTATIVE LARRY BLAKE DATE 10/6/95
 TERMINIX ADDRESS 1471 Wells Road TELEPHONE 267-5577
 CITY ORANGE PARK STATE FL ZIP CODE 32073

CUSTOMER



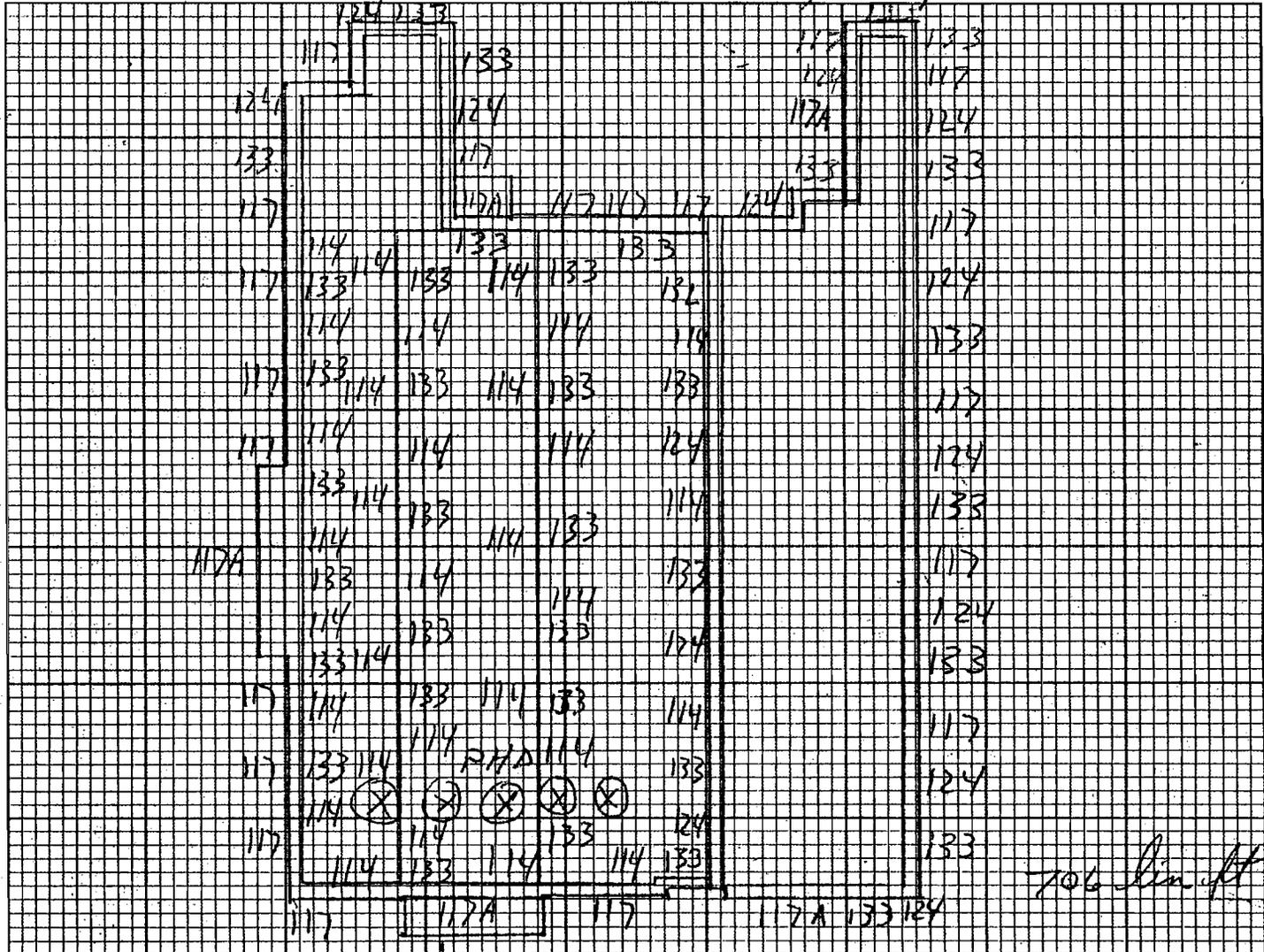
TERMINIX INSPECTION GRAPH

OWNER'S NAME NASSAU COUNTY COURTHOUSE

TREATING ADDRESS 416 CENTER ST CITY FERNANDINA BEACH STATE FL ZIP 32034

HOME PHONE 321-5761 BUSINESS PHONE 356-3934 INSPECTED BY Jerry Blake

INSPECTION NOTICE
 POSTED: _____
 DATED: _____
 TREATMENT NOTICE
 POSTED: _____
 DATED: _____



- KEY:**
- PREVENTIVE TREATMENT OR CONTROL TREATMENT
 - SUBTERRANEAN TERMITES = XXX
 - DRYWOOD TERMITES = KKK
 - DAMPWOOD TERMITES = ZZZ
 - EXISTING DAMAGE = X
 - FORMOSAN TERMITES = CCC
 - POWDER-POST BEETLES = PPB
 - WOOD BORING BEETLES = WB
 - FUNGUS = F
 - WELL/CISTERN = W/C
 - CARPENTER ANTS = CA
 - CELLULOSE DEBRIS = CD
 - EXCESSIVE MOISTURE = EM
 - FAULTY GRADE = FG
 - EARTH-WOOD CONTACTS = EC

- TYPE OF CONSTRUCTION:** CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER
PROPERTY HAS A: 1. WELL YES NO 2. CISTERN YES NO 3. SUMP PUMP YES NO 4. FRENCH DRAIN YES NO
 5. STUCCO BELOW GRADE YES NO 6. "RIGID FOAM INSULATION" BELOW GRADE YES NO

INSPECTOR'S STATEMENT OF VISIBLE DAMAGE
Termite Damage in Bell Tower
AND Possible Hidden Damage
 BY: Jerry Blake DATE: 10/6/95

CONTROL TECHNICIAN'S STATEMENT OF VISIBLE DAMAGE

 BY: _____ DATE: _____

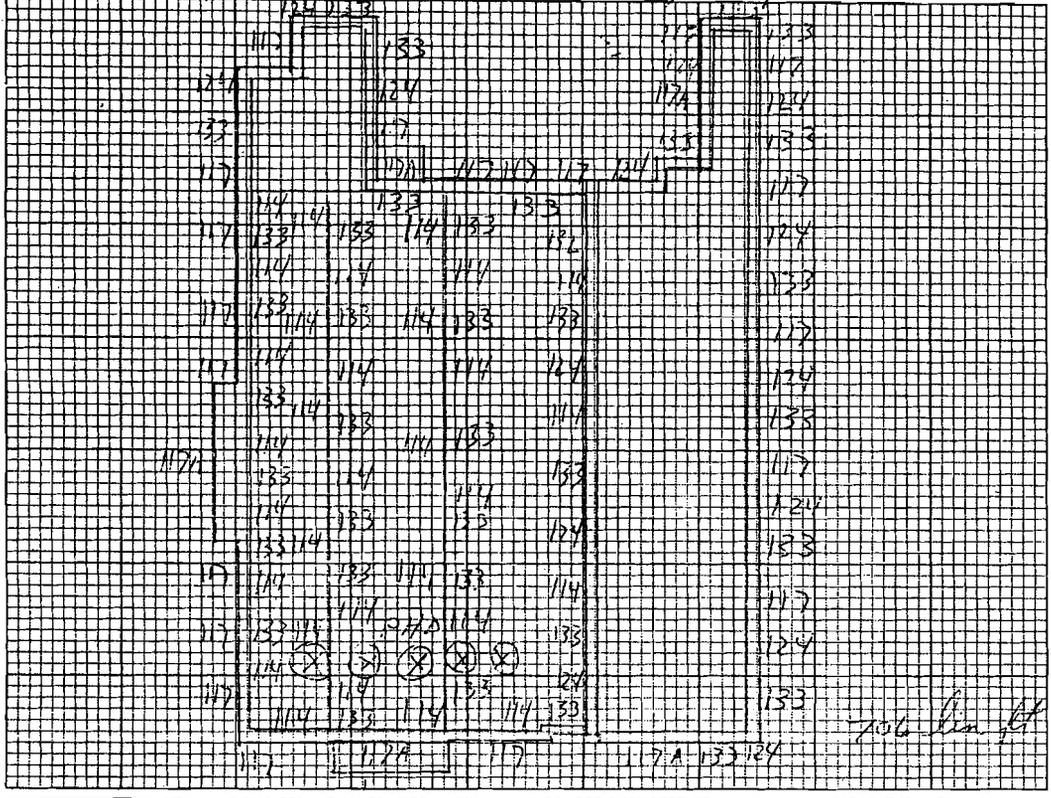
TERMINIX IS NOT RESPONSIBLE FOR REPAIRS TO DAMAGES DISCLOSED ABOVE. IN ADDITION, HIDDEN DAMAGE MAY EXIST IN CONCEALED OR INACCESSIBLE AREAS. TERMINIX CANNOT GUARANTEE THAT THE DAMAGE DISCLOSED BY VISUAL INSPECTION OF THE PREMISES SHOWN ABOVE REPRESENTS THE ENTIRETY OF THE DAMAGE WHICH MAY EXIST AS OF THE DATE OF THE INITIAL CONTROL APPLICATION. TERMINIX SHALL NOT BE RESPONSIBLE FOR REPAIR OF ANY EXISTING DAMAGE, INCLUDING, WITHOUT LIMITATION, ANY DAMAGE WHICH EXISTED IN AREAS OR IN STRUCTURAL MEMBERS WHICH WERE NOT ACCESSIBLE FOR VISUAL INSPECTION AS OF THE DATE OF THIS GRAPH.

THE ABOVE GRAPH, AND THE AREAS CONTAINING VISIBLE ACTIVITY OR DAMAGE, HAVE BEEN DESCRIBED TO ME AND ARE AFFIRMED BY ME AS OWNER OR AGENT OF THE ABOVE PROPERTY. I ALSO AFFIRM THAT I UNDERSTAND THAT TERMINIX IS NOT LIABLE FOR HIDDEN DAMAGE INACCESSIBLE TO THE INSPECTOR.

TERMINIX INSPECTION GRAPH

OWNER'S NAME NASSAU COUNTY GOVERNMENT
 TREATING ADDRESS 416 CENTER ST CITY FERNANDINA BEACH STATE FL ZIP 32034
 HOME PHONE 321-5761 BUSINESS PHONE 356-3934 INSPECTED BY Jerry Blake

INSPECTION NOTICE
 POSTED: _____
 DATED: _____
 TREATMENT NOTICE
 POSTED: _____
 DATED: _____



- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> PREVENTIVE TREATMENT OR CONTROL TREATMENT | KEY: | <input type="checkbox"/> SUBTERRANEAN TERMITES = XXX | <input type="checkbox"/> POWDER-POST BEETLES = PPB | <input type="checkbox"/> CARPENTER ANTS = CA |
| | <input type="checkbox"/> DRYWOOD TERMITES = KKK | <input type="checkbox"/> WOOD BORING BEETLES = WB | <input type="checkbox"/> CELLULOSE DEBRIS = CD | |
| | <input type="checkbox"/> DAMPWOOD TERMITES = ZZZ | <input type="checkbox"/> FUNGUS = F | <input type="checkbox"/> EXCESSIVE MOISTURE = EM | |
| | <input type="checkbox"/> EXISTING DAMAGE = X | <input type="checkbox"/> WELLCISTERNS = W/C | <input type="checkbox"/> FAULTY GRADE = FG | |
| | <input type="checkbox"/> FORMOSAN TERMITES = CCC | | <input type="checkbox"/> EARTH-WOOD CONTACTS = EC | |

TYPE OF CONSTRUCTION: CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
 TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER
 PROPERTY HAS A: 1. WELL YES NO 2. CISTERN YES NO 3. SUMP PUMP YES NO 4. FRENCH DRAIN YES NO
 5. STUCCO BELOW GRADE YES NO 6. "RIGID FOAM INSULATION" BELOW GRADE YES NO

INSPECTOR'S STATEMENT OF VISIBLE DAMAGE
Termite Damage in Ball
706 Possible Hidden Damage
 BY: Jerry Blake DATE: 10/6/95

CONTROL TECHNICIAN'S STATEMENT OF VISIBLE DAMAGE
 BY: _____ DATE: _____
 TERMINIX IS NOT RESPONSIBLE FOR REPAIRS TO DAMAGES DISCLOSED ABOVE. IN ADDITION, HIDDEN DAMAGE MAY EXIST IN CONCEALED OR INACCESSIBLE AREAS. TERMINIX CANNOT GUARANTEE THAT THE DAMAGE DISCLOSED BY VISUAL INSPECTION OF THE PREMISES SHOWN ABOVE REPRESENTS THE ENTIRETY OF THE DAMAGE WHICH MAY EXIST AS OF THE DATE OF THE INITIAL CONTROL APPLICATION. TERMINIX SHALL NOT BE RESPONSIBLE FOR REPAIR OF ANY EXISTING DAMAGE, INCLUDING, WITHOUT LIMITATION, ANY DAMAGE WHICH EXISTED IN AREAS OR IN STRUCTURAL MEMBERS WHICH WERE NOT ACCESSIBLE FOR VISUAL INSPECTION AS OF THE DATE OF THIS GRAPH.
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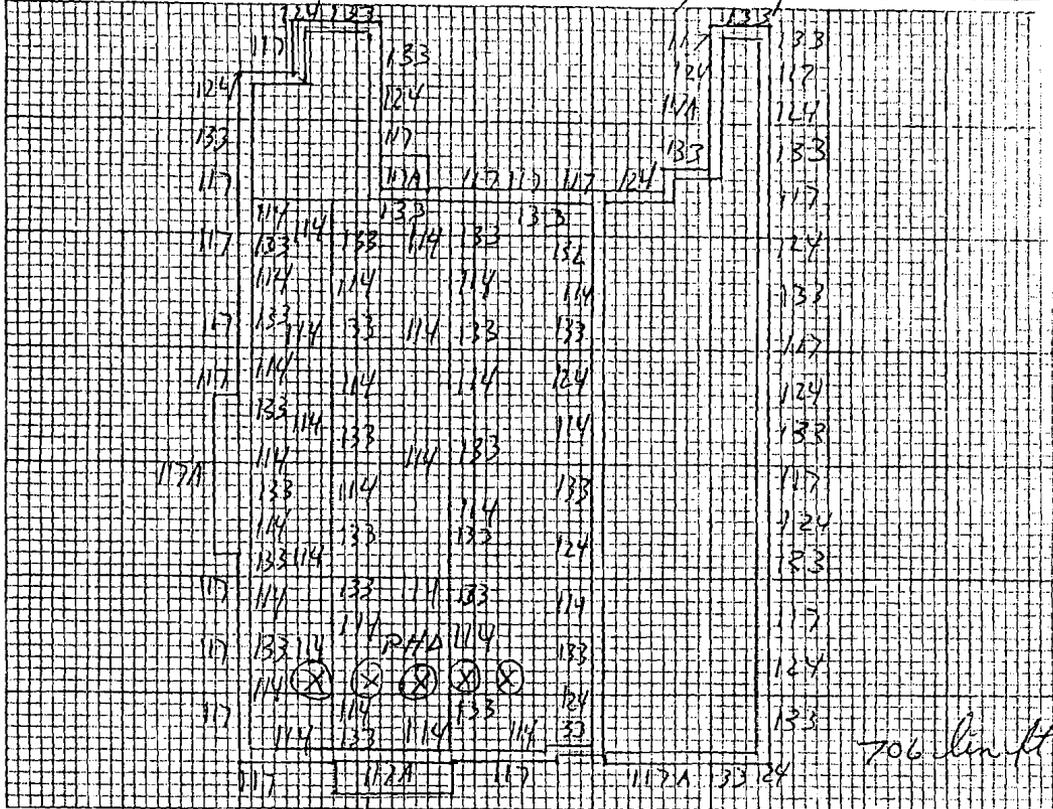
TERMINIX INSPECTION GRAPH

OWNER'S NAME NASSAU COUNTY COURTHOUSE

TREATING ADDRESS 416 CENTER ST CITY FERNANDINA BEACH FL 32034

HOME PHONE 321-5761 BUSINESS PHONE 356-3934 INSPECTED BY Jerry Blube

INSPECTION NOTIC
POSTED: _____
DATED: _____
 TREATMENT NOTIC
POSTED: _____
DATED: _____



- KEY:
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 - SUBTERRANEAN TERMITES = XXX
 - POWDER-POST BEETLES = PPB
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INSPECTOR'S STATEMENT OF VISIBLE DAMAGE _____
 CONTROL TECHNICIAN'S STATEMENT OF VISIBLE DAMAGE _____

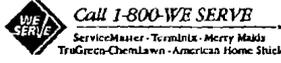
Termite Damage in Bell Tower
AND Possible Hidden Damage

BY: Jerry Blube DATE: 10/6/95 BY: _____ DATE: _____

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DATE: _____ BY: _____



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\$	
AMOUNT	SEQUENCE NUMBER
RECEIVED AT COMPLETION	
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ACCOUNT NUMBER	



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TERMITE PROTECTION PLAN

PURCHASER NASSAU COUNTY COURTHOUSE TELEPHONE 904 391-576
 MAIL ADDRESS 416 CENTER STREET
 CITY FERNANDINA BEACH STATE FL. ZIP CODE 32034
 DESCRIPTION OF PROPERTY COMMERCIAL BUILDING

PROPERTY ADDRESS SAME AS ABOVE
 CITY _____ STATE _____ ZIP CODE _____

Effective DATE OF TREATMENT through ONE YEAR, for the sum of \$ 3100.00, Terminix will provide the necessary service to protect the identified property against the attack of subterranean termites (*Reticulitermes sp.*, *Heterotermes sp.*). THIS PLAN DOES NOT PROTECT AGAINST FORMOSAN TERMITES (*COPTOTERMES sp.*).

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(Purchaser's Initials)

NOTICE: YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FOR AN EXPLANATION OF THIS RIGHT.

PURCHASER _____ DATE _____
 TERMINIX REPRESENTATIVE LARRY BLAKE DATE 10/6/95
 TERMINIX ADDRESS 1447 WELLS ROAD TELEPHONE 269-5577
 CITY ORANGE PARK STATE FL ZIP CODE 32073

Key #33059 Rev. 2/93 R/P 494
 ©1994 The Terminix International Company L.P.





*INSPECT & SPRAY
FOR SUB-TER. TERMITES.
JOB INITIATED THRU ENGINEERING (DIAMOND)
SERVICE INVOICE*

Thank you for the opportunity to serve you.
Please remit the amount due as indicated on
this service invoice.

Thank you for your business.

BILLING INQUIRIES
PLEASE CALL
(904) 269-5577

Property At: 416 CENTER STREET

Termite Protection 10/13/95
Account No. 002933-9

Completion Charge 3,100.00

TOTAL DUE 3,100.00

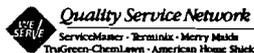
Approved for Payment
[Signature]
Quality Control
63193-5203

PROBLEMS WITH OTHER PESTS?
For a free inspection call
(904) 269-5577.

Terminix is a partner company in the
ServiceMaster Quality Service Network.
Other partners include ServiceMaster,
TruGreen-ChemLawn, Merry Maids, and American
Home Shield. Just by calling one number,
1-800-ME SERVE, you can reach all of these
companies for a wide variety of services
including carpet, furniture, drapery, and
window cleaning, lawn care, mold service,
protection for your home's systems and
appliances, and more.

APPROVED No PO obtained
Needs Board
Approval

DATE 11/27/95 *[Signature]* mo 11/15/95



2424181395

SAVE \$25 ON INITIAL PEST CONTROL SERVICE
Now you can save \$25 on your initial pest control service when
purchasing an annual contract offer. Excludes termite control.
Professionally trained and insured technicians will solve your
pest problems. NO. IFS. ANDS. OR. BUGS. Satisfaction guaranteed.
CALL YOUR LOCAL TERMINIX SERVICE CENTER TODAY!
New pest control customers only. One coupon per customer. Offer
valid at participating locations. Single family homes only.
Expires December 31, 1995.

Nassau County Engineering Department

2290 State Road 200
Fernandina Beach, Florida 32034-3056

Jack J. D'Amato, Jr., PE
County Engineer

MEMO

October 9, 1995

To: Walt Gossett
County Coordinator

From: Jack D'Amato
Director of Public Works

Re: Nassau County Courthouse

Attached are for your review/approval are three (3) proposals for subterranean termite inspection of the above referenced site. This inspection is in conjunction with the courthouse renovation as per the State's requirements.

The bids are as follows:

- | | |
|--|------------|
| 1. Peninsula Pest Control Service, Inc.
(yearly coverage 410.00/yr) | \$3,425.00 |
| 2. Terminix International
(yearly coverage 372.00/yr) | \$3,100.00 |
| 3. Orkin
(yearly coverage 510.00/yr) | \$3,985.00 |

Based on above, it is recommended that we accept proposal No. 2. In the amount of \$3,100.00. Let me know as to the yearly coverage.

*make payable: Cowart/Fietz Pest Control
1447 Wells Rd
O.P. FL 32073*

JJA/nj

FERNANDINA (904) 321-5760
CALLAHAN (904) 879-1593

96V-1535

JACKSONVILLE (904) 356-3934
FACSIMILE (904) 321-5763

DOWN PAYMENT	
\$	
AMOUNT	SEQUENCE NUMBER
RECEIVED AT COMPLETION	
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THE TERMINIX INTERNATIONAL COMPANY L.P.

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TERMITE PROTECTION PLAN

PURCHASER NASSAU COUNTY COURTHOUSE TELEPHONE 904 351-5761
 MAIL ADDRESS 416 CENTER STREET
 CITY FERNANDINA BEACH STATE FL. ZIP CODE 32034
 DESCRIPTION OF PROPERTY COMMERCIAL BUILDING

PROPERTY ADDRESS SAME AS ABOVE
 CITY _____ STATE _____ ZIP CODE _____

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(Purchaser's Initials)

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PURCHASER _____ DATE _____
 TERMINIX REPRESENTATIVE LARRY BLAKE DATE 10/6/95
 TERMINIX ADDRESS 1447 WELLS ROAD TELEPHONE (904) 269-5577
 CITY ORANGE PARK STATE FL ZIP CODE 32073





Orkin Exterminating Company, Inc. Subterranean Termite Agreement

Does Not Protect Against Formosan Termites

SC

RZ

Buyer's Name (To appear on Guarantee) _____ Date of Transaction _____
 Street Address (To appear on Guarantee) (Treated Premises) _____
 City _____ State _____ Zip Code _____
 Home Phone (Area Code) _____ Business Phone (Area Code) _____
 Type of Structure _____ [] Consumer Contract [] Commercial Contract

County Name _____ Is this within the City Limits? Yes No

ORKIN is to treat my building at the above address described in the attached Inspection/Treating Report for: [] prevention, [] presumptive evidence, [] control of Subterranean Termites.

ORKIN CONTINUOUS PROTECTION GUARANTEE

- [] Full Renewable Subterranean Termite Home Ownership Repair Guarantee (OR)
- [] Limited Lifetime Renewable Subterranean Termite Re-Treatment Guarantee (LC)
- [] Pretreat Guarantee (PO) (Same as OR)
- [] No Guarantee Issued

IMPORTANT: Please refer to the back of this page for the explanation of the Guarantee to be issued.

I will receive my Guarantee after completion of ORKIN's initial treatment. My Guarantee will cover my building described in the attached Inspection/Treating Report and will be subject to and governed by this Agreement, including the explanation of the Guarantee and the General Terms and Conditions appearing on the back of this page. My Guarantee will become effective when I pay the initial charges for treatment and any related services I might order, and after that for as long as I pay my annual renewal payment on or before each anniversary date of this Agreement.

CHEMICAL SENSITIVITY: Virtually all pesticides have some odor which may be present for a short time after application. If you or any member of your household has a sensitivity to chemical odor or chemicals, Orkin recommends that you not have your home serviced for termite control until you have consulted your family physician.

RENEWAL INCREASE: My annual renewal payment currently is \$ _____ plus tax where applicable, but may be increased by ORKIN by giving me written notice before the renewal date. My annual renewal payment will not increase for 3 years after initial treatment. After 3 years it may be increased by not more than 10% per year or the annual rate of inflation (as measured by the Consumer Price Index), whichever is greater. If ORKIN does not increase my annual renewal payment in any one or more years, at the next increase ORKIN may include any amount it would have been permitted to increase it in that prior year or period of years.

REINSPECTION: So long as my Guarantee is effective, ORKIN will reinspect my premises when ORKIN believes it necessary, or annually if I request it. No failure on my part to request a reinspection shall affect my rights under this contract. I agree to make my building and premises available for ORKIN's reinspection.

IMPORTANT: I have read the explanation of the Guarantee to be issued, including the limitations and restrictions on the Guarantee, contained on the back of this page. The attached Inspection/Treating Report and back of this Agreement contain important provisions which are part of this Agreement.

METHOD OF PAYMENT: [] FINANCED [] CASH
 *BALANCE DUE UPON COMPLETION OF WORK

1. Services Purchased:	
a. Initial Treatment	\$ _____
b. Other	\$ _____
c. Additional Renewal for _____ years	\$ _____
Total (sum a + b + c)	
2. Other Items:	
a. Sales Taxes	\$ _____
b. Other Fees Paid to Public Officials	\$ _____
Total (sum a + b)	
3. TOTAL: Cash Price (sum 1 + 2)	
4. LESS: Cash Down Payment	
5. Unpaid Balance of Cash Price (3 minus 4)	
If the method of payment indicated above is Financed, then the Unpaid Balance of Cash Price shown above (Item 5) is the AMOUNT FINANCED (Item 7 in the box to the right).	

DOWN PAYMENT MADE BY: [] CHECK [] CASH
 [] CREDIT CARD
 Type _____ Exp. Date _____ Account Number _____

Orkin Exterminating Company, Inc.
 Inspector _____ Inspector's Soc. Sec. # or Certification # _____
 Branch Phone _____ Street _____
 City _____ State _____ Zip Code _____

Name (Agent) _____
 Street Address (Mailing Address) _____
 City _____ State _____ Zip Code _____

IF THE METHOD OF PAYMENT IS FINANCED:
PAYMENT: For the services and Guarantee ORKIN is providing under this contract, agree to pay to ORKIN EXTERMINATING COMPANY, INC. or anyone to whom ORKIN assigns this contract, the Total of Payments shown below according to the payment schedule shown below.
ASSIGNMENT: I understand my contract may be serviced by or assigned to ROLLIN'S ACCEPTANCE COMPANY, ("RAC"), 2170 Piedmont Road NE, Atlanta, Georgia 30324. If I am notified in writing that ORKIN has assigned my contract to RAC, I agree to make payments directly to them.
LATE PAYMENT/DEFAULT: If I am late in making a payment for more than 30 days, understand ORKIN or RAC can require me, after default, to pay at once the entire unpaid balance of my debt less unearned finance charges.
COLLECTION COSTS: I agree to pay any necessary court costs if ORKIN or RAC file suit to collect plus reasonable attorney's fees, if allowed by state law.
TERMINATION: I also understand that ORKIN and RAC can terminate my contract and Guarantee if I am 30 days late in making any payment, and ORKIN will then have no further obligation to me.
WAIVER OF LIEN: If this is a consumer contract, ORKIN waives any and all liens on my property to which it may be entitled.
CREDIT INVESTIGATION: I authorize ORKIN or RAC to investigate my past credit record and to report my performance of this contract to properly authorized persons or credit reporting agencies.

6. Creditor — Orkin Exterminating Company, Inc.
 7. Amount Financed (the amount of credit provided on my behalf) \$ _____
 8. FINANCE CHARGE (the dollar amount my credit will cost) \$ _____
 9. Total of Payments (the amount I will have paid when I have made all scheduled payments) \$ _____
 10. Total Sale Price (the total cost of my purchase on credit, including my down payment of \$ _____) \$ _____
 11. ANNUAL PERCENTAGE RATE (the cost of my credit as a yearly rate) %
 12. Payment Schedule: I will pay _____ monthly payments of \$ _____ each commencing on _____ 10, 20, 30, 19____ of _____ (month) (circle one) (year) and on the same day of each succeeding month until this obligation is paid in full.
 13. Late Charge—If a payment is late by more than 10 days, I will be charged \$5.00 or 5% of the payment, whichever is less, as a late fee.
 14. Prepayment—If this is a consumer contract, I will be entitled to a rebate of unearned finance charge if I prepay this obligation in full.
- I should refer to the rest of this Retail Installment Agreement for information about non-payment, default, your right to accelerate the maturity of this obligation, and prepayment rebates and penalties.

{Item 5 equals Item 7 above} {Item 9 above equals Item 7 PLUS Item 8} {Item 10 above equals Item 9 PLUS Item 4}

NOTICE TO BUYER (FOR CONSUMER CONTRACTS ONLY)

1. I AM ENTITLED TO AN EXACT, SIGNED COPY OF THIS AGREEMENT.
2. I HAVE THE RIGHT TO PAY IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE SHOWN ABOVE. IF I AM IN DEFAULT AND ORKIN OR RAC REQUIRES THAT I IMMEDIATELY PAY OFF THE UNPAID BALANCE OF MY OBLIGATION, I WILL RECEIVE A PARTIAL REFUND OF THE FINANCE CHARGE SHOWN ABOVE.
3. BUYER'S RIGHT TO CANCEL—I MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FORM FOR AN EXPLANATION OF THIS RIGHT.
4. CAUTION—IT IS IMPORTANT THAT I THOROUGHLY READ THIS AGREEMENT BEFORE I SIGN IT. I WILL NOT SIGN THIS AGREEMENT BEFORE I READ IT OR IF IT CONTAINS ANY BLANK SPACE. I WILL KEEP IT TO PROTECT MY LEGAL RIGHTS.

RETAIL INSTALLMENT AGREEMENT
 I ACKNOWLEDGE RECEIPT OF A SIGNED COPY OF THIS AGREEMENT TOGETHER WITH AN ORAL EXPLANATION OF MY RIGHT TO CANCEL THIS SALE.



PEST CONTROL
World's Best

to: Nassau County Engineering Department
re: Janice
subject: Termite Estimate for Courthouse at 416 Center St.
date: October 9, 1995

guarantee: Repair Bond for \$250,000. limited to any new Subterranean Termite damage to the treated premises and the contents therein.

renewal: Annual Bond payment is \$519.⁰⁰.
If bond payment is made, then the repair guarantee stays in effect i.e. Orkin cannot cancel the contract and ~~the~~ the contract is not limited to ten years.

treatment: • Drill & trench around the perimeter of the Building.

• Drill & trench underneath building in the ^{Brick} crawl space areas

• Spray the wood on every sill and around plumbing pipes with a borate product. Will help to prevent wood decay.



PEST CONTROL
World's Best

October 9, 1995

Total Cost to properly place a
termite barrier underneath the Nassau
County Courthouse with a repair
guarantee equals \$ 3,985.⁰⁰

TRANSMITTAL COVER SHEET

TO: NASSAU COUNTY COURT HOUSE

ATTN: MRS. JANICE OGILVIE

FAX#: 904-321-5763

DATE: 10-09-95

OF PAGES 2 (excluding our cover sheet)

FROM: PENINSULAR PEST CONTROL SERVICE, INC.
2609 PHYLLIS STREET
JACKSONVILLE, FL 32204
(904) 389-3491

FAX # (904) 389-5099

REFERENCE: 416 CENTER STREET, FERNANDINA BEACH, FLORIDA 32034

--ATTENTION--

This message is intended only for the use of the individual entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

PLEASE CALL 389-3491 IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR.

INTERNAL: DATE: 10-09-95

TIME: 1:15

STAFF MEMBER: SA



PHONE (904) 389-3491
FAX (904) 389-5099

Peninsular
**PEST
CONTROL
SERVICE**
INC.

2809 PHYLLIS STREET
P. O. DRAWER "F"
JACKSONVILLE, FLORIDA 32203

"Jacksonville's leading Pest Control Service Company"

R. EARL DIXON
Chairman
CAROLYN D. RICHARDSON
President
TERRY SHEPHERD
Vice President

October 9, 1995

Mrs. Janice Ogilvie
Nassau County Court House
416 Center Street
Fernandina Beach, Florida 32034
Fax No: 321-5763

RE: TERMITE INSPECTION
416 Center Street

Dear Mrs. Ogilvie:

In accordance with your request, our representative, Lee Fuggs, has performed an inspection of the structure located at the above captioned address.

Our visual inspection revealed subterranean termite tunnels and damage to support beams in bell tower and attic with tunnels running up brick wall in attic as well as subterranean termite tunnels and damage to support beams under court house area. A further inspection revealed active powder post beetle damage to support beams in attic. A corrective subterranean termite treatment is highly recommended at this time.

Our Founder, a graduate Entomologist, with over fifty (50) years experience, former staff member of the University of Florida, Department of Entomology, a recognized leader in his profession along with the writer supervises all aspects of our **QUALITY SERVICE** at all times. In addition, we are on the leading edge of technology, being informed on the latest in research and development in the pest control industry utilizing only EPA registered label materials in offering competent and effective service.

The cost to treat the entire structure for the control of Subterranean Termites for a period of one (1) year, shall be Three Thousand Four Hundred Twenty Five dollars (\$3,425.00). This proposal shall be valid for thirty days from date of this report. A re-evaluation shall be necessary after this date.

PENINSULAR PEST CONTROL SERVICE, INC.

Mrs. Janice Ogilvie
Nassau County Court House

-2-

October 9, 1995

The subterranean termite guaranty may be renewed for an additional year or years, with mutual consent at the cost of Four Hundred Ten dollars (\$410.00). Peninsular reserves the right to adjust the annual maintenance fee as of the second or any subsequent year.

We guarantee to reinspect the treated structure at the end of the year, or as often as necessary and if active Subterranean Termites be found, will retreat and/or reinsulate the infested areas at no additional cost to the purchaser. A booster chemical treatment may be applied at the time of the annual reinspection to insure chemical stability in the soil, should the soil be disturbed.

Not to be overlooked either is the protection afforded by the extensive insurance coverage, which is backed by one of the nation's largest bonding and insurance companies, carried by Peninsular. Our insurance covers Public Liability in the limits of \$1,000,000/\$2,000,000; Owners' and Contractors' Protective Liability in the limits of \$1,000,000/\$2,000,000; Property Damage Liability (other than automobile) in the limits of \$1,000,000/\$1,000,000; Workmen's Compensation applicable to the laws of the State of Florida and Umbrella Excess \$2,000,000.00/\$2,000,000.00.

We would be pleased to have you join the thousands of satisfied customers being protected by Peninsular Pest. For further information prior to initiating our services or a list of customer references, please call 389-3491 for assistance.

Thank you for the opportunity of submitting our proposal and we shall anticipate, with pleasure, your favorable consideration and acceptance.

Sincerely,

Peninsular Pest Control Service, Inc.



Terry Shepherd

TS:sa