

APPLICATION FOR ANNEXATION

WE THE UNDERSIGNED, BEING THE LAND OWNERS OF THE FOLLOWING PROPERTY HEREINAFTER DESCRIBED DO HEREBY FILE THIS APPLICATION FOR ANNEXATION INTO THE CITY OF GREEN COVE SPRINGS, FLORIDA, CONSISTENT WITH THE LAWS OF THE STATE OF FLORIDA AND THE CITY OF GREEN COVE SPRINGS, FLORIDA.

Date of Application February 6, 2024

Name(s) of Property Owner(s): AB Truemont LLC

Physical Address of the property: 4169 CR 15A Green Cove Springs, FL 32043

Number of parcels to be annexed: 1

Parcel Number: PIN: 016515-001-00. Parcel 38-06-26-016515-001-00

Map or Drawing Attached: () YES () NO

At the time of "Application for Annexation"

County Future Land-Use designation: IND County Zoning designation: IB

Proposed City Land-Use designation: Industrial Proposed City Zoning designation: M2 Industrial District

Current use of the property: Industrial Property Size/Acreage: ~ 24 ac.

If residential use, number of "Living Units": —

Number of people currently living on property: 0

If commercial use, square footage of building area: please see attached survey-

Intended "Use" of the property: Heavy Manufacturing When: 2024(+)

SIGNATURE PAGE

[Signature] Signature of Property Owner(s) or Authorized
Jacob Mantel Printed Name of Property Owner

3840 Charlevoix Ave, Suite 310
Mailing Address

231 675 4154 Telephone Number(s)
jake@asterbrands.com E-mail address

I hereby certify that I have read and understand the contents of this application, and that this application together with all supplemental data and information is a true representation of the facts concerning this request; that this application is made with my approval, as owner and applicant, as evidenced by my signature below. It is hereby acknowledged that the filing of this application does not constitute automatic approval of the request; and further that if the request is approved, I will obtain all necessary permits and comply with all applicable orders, codes, conditions, rules and regulations pertaining to the use or development of the subject property.

1/31/2024 Date
[Signature] Signature of owner or owner's authorized representative

State of MICHIGAN

County of EMMET

The foregoing instrument was acknowledged before me this 31st day of JANUARY

20 24, by JACOB MANTEL

who is personally known to me, or who has/have produced _____ as identification.

(NOTARY SEAL)

[Signature]
Signature of Notary Public

ADAM R. CROSS
Name of Notary

