

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 02/14/2017

Contract/Lease Control #: L08-0307-AP

Bid #: NA

Contract/Lease Type: REVENUE

Award To/Lessee: PGC AVIATION SERVICES, LLC

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 10/04/2007

Expiration Date: 03/15/2023

Description of Contract/Lease: DAP BLOCK 2/LOT 2

Department: AP

Department Monitor: STAGE

Monitor's Telephone #: 850-51-7131

Monitor's FAX # or E-mail: TSTAGE@CO.OKALOOSA.FL.US

Closed:

Cc: Finance Department Contracts & Grants Office



BWI Aviation Insurance Agency, Inc
 PO Box 847527, Los Angeles, CA 90084-7527
 (800) 666-4359 | www.BWIFLY.com | Admin@bwifly.com

Confirmation Of Insurance

Customer Number **9053 - 2**

Policy Dates **5/26/2021 - 5/26/2022**

Your Agent **Matt.White@bwifly.com**

Company **London**

Confirmation Of Aircraft Insurance

Bigair Productions Llc And It's Individual Executive Officers And Members
 294 Ketch Ct
 Destin, FL 325415726

Limits of Liability

\$ \$1,000,000	Total Liability for Bodily Injury and Property Damage	Hull Deductibles
\$ 100,000	Each Passenger (Included Within Total Liability)	\$ 100 Not-In-Motion
\$ \$5,000	Each Person, Medical Payment Coverage Including Crew	\$ 500 In-Motion

Aircraft

N #	Year/make/model	Type	Seats	Hull Value	Floats Value	Coverage	Aircraft Use
N161jk	2007 CIRRUS SR22	Wheel	4	\$280,000		Full Flight	Pleasure & Business
HANGARED		at Airport (ID) DTS		- Destin Executive Airport		Length 4999	Surface ASP

Named Pilots

Jordan Harper	Keith Driver
Furthermore, all pilots must be in compliance with the requirements of both FAR 61.56 (Flight Review) and FAR 61.23 (Medical Certificates: Requirement and Duration), and must be certificated for the make and model being flown, and	

Open Pilot Warranty

All Other Pilots If Not Named Above Must Meet The Following Requirements:				
LicensePvt	RatingSEL/IFR	Total Time1,000 Pic	Type	Make/Model25
Any Pilot, Aged Between 25 And 65, Having A Private (or Better) Pilot Certificate With Single- Engine Land And Instrument Ratings Who Has Flown A Minimum Of 1000 Total Flying Hours As Pilot In Command, 25 Hours Of Which				

Loss Payees

BREACH WARRANTY S
WITH 30 DAYS NOTICE OF
CANCELLATION IN FAVOR OF

1	
1	

Additional Insureds

1	Savvy Aviation, Inc. 30 N. Gould St., Ste 7491 Sheridan, WY 82801 Sheridan WY 82801	3
2		4

Total Annual Premium \$7,172.00

Matthew R. White
 BWI Aviation Insur

CONTRACT#: L08-0307-AP
PGC AVIATION SERVICES, LLC
DAP BLOCK 2 LOT 2
EXPIRES: 03/15/2023



BWI Aviation Insurance Agency, Inc
 PO Box 847527, Los Angeles, CA 90084-7527
 (800) 666-4359 | www.BWIFLY.com | Admin@bwifly.com

Insurance Invoice

Customer Number **9053 - 2**

Policy Dates **5/26/2021 - 5/26/2022**

Your Agent **Matt.White@bwifly.com**

Company **London**

Insurance Invoice

Bigair Productions Llc And It's Individual Executive Officers And Members
 294 Ketch Ct
 Destin, Fl 325415726

Date	Charge Description	Amount
5/19/21	PREMIUM	\$7172.00
5/25/21	CREDIT CARD FEE	\$215.16

Total Premium **\$7,172.00**

Other Charges **\$215.16**

Total Charges **\$7,387.16**

Date	Credit Description	Credit
5/24/21	CREDIT CARD PAYMENT	\$1075.80
5/25/21	CREDIT CARD PAYMENT	\$6311.36

Total Due **\$0.00**

Payment Options

Credit Card **\$0.00**
 3% Fee Included
Online: bwifly.com/pay-your-policy
Over the Phone: 800.666.4359

Check **\$0.00**
 Mail Check to: **BWI Aviation Insurance Agency, Inc.**
 PO Box 847527, Los Angeles, CA 90084-7527
 Please include customer# **9053**



BWI Aviation Insurance Agency, Inc
 PO Box 847527, Los Angeles, CA 90084-7527
 (800) 666-4359 | www.BWIFLY.com | Admin@bwifly.com

Certificate Of Insurance

Customer Number **9053 - 2**

Policy Dates **5/26/2021 - 5/26/2022**

Policy #

Company **London**

Certificate To:

Savvy Aviation, Inc.
 30 N. Gould St., Ste 7491
 Sheridan, Wy 82801
 Sheridan, WY 82801

Certificate Of Aircraft Insurance

This Is To Certify To The (Named Above) That The Following Insurance Coverage Is In Effect As Of The Policy Dates On This Certificate For:

Insured

Bigair Productions Llc And It's Individual Executive Officers And Members
 294 Ketch Ct
 Destin, Fl 325415726

Limits of Liability

\$ \$1,000,000	Total Liability for Bodily Injury and Property Damage	Hull Deductibles
\$ 100,000	Each Passenger (Included Within Total Liability)	\$ 100 Not-In-Motion
\$ \$5,000	Each Person, Medical Payment Coverage Including Crew	\$ 500 In-Motion

Aircraft

N #	Year/make/model	Type	Seats	Hull Value	Floats Value	Coverage	Aircraft Use
N161jk	2007 CIRRUS SR22	Wheel	4	\$280,000		Full Flight	Pleasure & Business
HANGARED		at Airport (ID) DTS		- Destin Executive Airport		Length 4999	Surface ASP

Comments

Matthew R. White, Vice President Date **5/25/2021**
 BWI Aviation Insurance Agency, Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/07/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Term Brokers Insurance Services 348 Miracle Strip Pkwy SW Suite 30A Fort Walton Beach, FL 32548	CONTACT NAME: Chris McDonald PHONE (A/C, No, Ext): 8508642000 FAX (A/C, No): 8502268425 E-MAIL ADDRESS: chris@termbrokersinsurance.com
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Evanston Insurance Company INSURER B: Lloyds of London INSURER C: INSURER D: INSURER E: INSURER F:
INSURED PGC Aviation LLC 725 Gulf Shore Drive, #505B Destin, FL 32541	

COVERAGES

CERTIFICATE NUMBER: 00009197-238649

REVISION NUMBER: 9


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	3EZ1195	01/18/2021	01/18/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ excl \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Property	Y	AMAA0000764	01/18/2021	01/16/2022	Airplane Hangar 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached)
For the Property At: We will provide thirty (30) days written notice
 County for any changes cancellations or non-renewal of
 Destin FL 32541 the policy, with the exception of a 10 day n
 cancellation for non-payment of premium.
 •The Lease number L08-0307-AP

CONTRACT#: L08-0307-AP
 PGC AVIATION SERVICES, LLC
 DAP BLOCK 5/LOT 2
 EXPIRES: 03/15/2023

CERTIFICATE HOLDER**CANCELLATION**

Ocalaosa County Board of County Commissioners Destin-Fort Walton Beach Airport Administration 1701 State Road 85 N Eglin AFB, FL 32542-1498	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  (CJM)
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/17/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Term Brokers Insurance Services 348 Miracle Strip Pkwy SW Suite 30A Fort Walton Beach, FL 32548	CONTACT NAME: Chris McDonald PHONE (A/C, No, Ext): 8508642000 FAX (A/C, No): 8502268425 E-MAIL ADDRESS: chris@termbrokersinsurance.com
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Evanston Insurance Company INSURER B: Lloyds of London INSURER C: INSURER D: INSURER E: INSURER F:
INSURED PGC Aviation LLC 725 Gulf Shore Drive, #505B Destin, FL 32541	

COVERAGES **CERTIFICATE NUMBER: 00009197-238649** **REVISION NUMBER: 8**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSP, WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	3EW4786	01/13/2020	01/13/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ excl \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Property	Y	JAX139562	01/13/2020	01/13/2021	Airplane Hangar 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

For the Property At: We will provide thirty (30) days written notice to Okaloosa 1001 Airport Rd lot 2 Block 5
County for any changes cancellations or non-renewal of
Destin FL 32541 the policy, with the exception of a 10 day notice of
cancellation for non-payment of premium.
 •The Lease number L08-0307-AP

CONTRACT#: L08-0307-AP
PGC AVIATION SERVICES, LLC
DAP BLOCK 2/LOT 3
EXPIRES: 03/15/2023

CERTIFICATE HOLDER Okaloosa County Board of County Commissioners Destin-Fort Walton Beach Airport Administration 1701 State Road 85 N Eglin AFB, FL 32542-1498	AUTHORIZED REPRESENTATIVE  (CJM)
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EXHIBIT B

CONTRACT & LEASE AGREEMENT CONTROL FORM

Date: 10/10/2007

Contract/Lease Control #: L08-0307-AP

L08-0307-AP

Bid #: N/A

Contract/Lease Type: REVENUE

Award to/Lessee: AM MANAGEMENT, INC./JAMES MILLER

Lessor: OKALOOSA COUNTY

Effective Date: 10/4/2007

Amount: \$151,228.00

Term/Expires: 3/15/2023

Description of Contract/Lease: DAP BLOCK 2/LOT 2 REASSIGNMENT FROM RASCORP TO AM MANAGEMENT

Department Manager: AIRPORT

Department Monitor: J. SEALY

Monitor's Telephone #: 651-7160

Monitor's Fax #: 651-7164

Date Closed:

CONTRACT & LEASE INTERNAL COORDINATION SHEET

Contract/Lease Number: LOB - 0307-AP Tracking Number: 2161-17
Contractor/Lessee Name: AM Management Grant Funded: YES ___ NO ___
Purpose: AOL to PGC Aviation Services

Date/Term: 3-15-23 1. GREATER THAN \$50,000
Amount: \$4,500.00 quantity plus tax 2. GREATER THAN \$25,000
Department: AP 3. \$25,000 OR LESS
Dept. Monitor Name: Stap/miser
Document has been reviewed and includes any attachments or exhibits.

Purchasing Review

Procurement requirements are met:
Ch - Powell Date: 12/13/2016
Purchasing Director or designee Zan Fedorak, Charles Powell, DeRita Mason

Risk Management Review

Approved as written: (Need updated COI)
Krystal King Date: 12-14-16
Risk Manager or designee Laura Porter or Krystal King

County Attorney Review
See email dated 12/16/2016

Approved as written:
Date: _____
County Attorney Gregory T. Stewart, Lynn Hoshihara, Kerry Parsons or Designee

Following Okaloosa County approval:

Contract & Grant

Document has been received:
Date: _____
Contracts & Grants Manager

-12-15-16-125-101

LD8-0307-AP



HALLMARK

Aircraft Certificate of Insurance

Lienholder

Page 1 of 2

DATE ISSUED 5/30/2017

NAMED INSURED BigAir Productions, LLC, and its individual executive officers and members (PGC AVIATION)

ADDRESS OF INSURED 294 Ketch Court
Destin, FL 32541

INSURANCE COMPANY Hallmark Insurance Company

POLICY NUMBER GA99-8516F-00

POLICY EFFECTIVE DATE 5/26/2017

POLICY EXPIRATION DATE 5/26/2018



Coverage Summary

AIRCRAFT COVERED N161JK, 2007 Cirrus SR22

PART TWO. AIRCRAFT PHYSICAL DAMAGE COVERAGE

LIMIT OF COVERAGE

F.	NOT IN MOTION	\$280,000	Agreed Value
			NIL Deductible Each Accident
G.	IN MOTION	\$280,000	Agreed Value
		\$5,000	Deductible Each Accident

SPECIAL DEDUCTIBLES

A deductible equal to 10 % of the aircraft's agreed value will apply to all physical damage resulting from a windstorm given a name by the National Weather Service.

This Certificate is issued to the following Certificate Holder:

Name

Address

Mahopac National Bank and its successors or assigns, as their interest may appear, subject notice of change or assignment of lienholder to be made to the company within 30 days of such change or assignment

Loan Servicing Department P.O. Box 6569
Ithaca, NY 14851

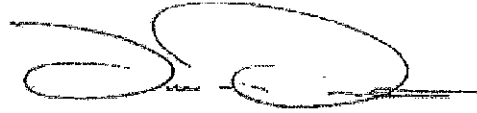
Loss, if any, payable under Coverage F or G under PART TWO AIRCRAFT PHYSICAL DAMAGE COVERAGE shall be made to the Named Insured, the Certificate Holder designated above, and any other loss payees designated in the Policy. Notice of cancellation by the Insurer will be given in accordance with the terms of the policy.

LIENHOLDER'S INTEREST COVERAGE is provided subject to all of the Policy's terms and provisions applicable thereto. LIENHOLDER'S INTEREST COVERAGE will not exceed 90% of the Aircraft Agreed Value. DAYS NOTICE OF CANCELLATION TO LIENHOLDER: 30 Day N.O.C.

THIS CERTIFICATE OF INSURANCE IS ISSUED FOR INFORMATIONAL PURPOSES ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE PROVIDED BY THE INSURANCE POLICY REFERENCED ABOVE.

AEROSPACE INSURANCE MANAGERS, INC.

Aviation Managers

A handwritten signature in black ink, consisting of several loops and a horizontal line at the end, positioned above a horizontal line.

GA112 (04/16)



HALLMARK

Aircraft Certificate of Insurance

Additional Insured

DATE ISSUED **5/30/2017**

NAMED INSURED **BigAir Productions, LLC, and its individual executive officers and members**

ADDRESS OF INSURED **294 Ketch Court
Destin, FL 32541**

INSURANCE COMPANY **Hallmark Insurance Company**

POLICY NUMBER **GA99-8516F-00**

POLICY EFFECTIVE DATE **5/26/2017**

POLICY EXPIRATION DATE **5/26/2018**

Coverage Summary

AIRCRAFT COVERED... **N161JK, 2007 Cirrus-SR22**

PART THREE. LIABILITY TO OTHERS		LIMIT OF COVERAGE	
DL	SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE COVERAGE	\$1,000,000	Each Occurrence
	Passenger Coverage Limited to:	\$100,000	Each Passenger

This Certificate is issued to the following Certificate Holder:

Name	Address
PCG Aviation Services, LLC	1001 Airport Rd., Unit 7-13 Destin, FL 32541

Coverage under PART THREE LIABILITY TO OTHERS is extended to include the named Certificate Holder as an insured subject to all of the applicable policy terms, conditions and provisions.

THIS CERTIFICATE OF INSURANCE IS ISSUED FOR INFORMATIONAL PURPOSES ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE PROVIDED BY THE INSURANCE POLICY REFERENCED ABOVE.

AEROSPACE INSURANCE MANAGERS, INC.
Aviation Managers

GA112 (04/16)

AEROSPACE



Binder Confirmation

DATE: 5/30/2017 3:57:03 PM

Insured: **BigAir Productions, LLC**
Policy Number: **GA99-8516F-00**
Effective: **5/26/2017**
Insurer: **Hallmark Insurance Company**

Thank you for your order on the captioned account. This confirms that we have bound coverage for the Insured on the Effective Date shown per your request in accordance with the terms quoted. All coverage bound is subject to the terms and conditions of the standard policy forms and any requirements imposed by the Underwriters.

Please forward the following required documents to us within 30 days from the policy effective date to complete the requirements for issuance of the policy.

- **Updated Med/ BFR dates for Keith**

We sincerely appreciate your business. Please contact us for any additional assistance you need.

Sincerely,

Dave Miner

From: Parsons, Kerry <KParsons@ngn-tally.com>
Sent: Friday, December 16, 2016 6:43 AM
To: Charles Powell
Cc: Dave Miner
Subject: RE: Coordination

This is approved for legal purposes.

From: Charles Powell [mailto:cpowell@co.okaloosa.fl.us]
Sent: Thursday, December 15, 2016 3:30 PM
To: Parsons, Kerry
Cc: Dave Miner
Subject: FW: Coordination

Hi Kerry,

Has this been approved for legal sufficiency? Thanks

Respectfully,

Charles Powell, MBA, CPM, FCCM, FCCN
Contract & Lease Coordinator
Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, Florida 32536
Voice: 850-689-5960
Fax: 850-689-5970
cpowell@co.okaloosa.fl.us

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: Dave Miner
Sent: Tuesday, December 13, 2016 8:24 AM
To: Charles Powell <cpowell@co.okaloosa.fl.us>; Zan Fedorak <zfedorak@co.okaloosa.fl.us>
Cc: 'Parsons, Kerry' <KParsons@ngn-tally.com>; Krystal King <kking@co.okaloosa.fl.us>
Subject: Coordination

Charles:

Please send out for coordination. You will receive the original in distro today.
Thank you.

Dave

David E. Miner
Properties and Leases
Okaloosa County Airports
(850) 651-7160 Ext. 4
www.flyvps.com

"Please note: Due to Florida's very broad public records laws, most written communication to or from County employees regarding County business are public records, available to the public upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure."



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/18/2017

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PRODUCER Term Brokers Insurance Services 348 Miracle Strip Pkwy SW Suite 30A Fort Walton Beach, FL 32548	CONTACT NAME: Chris McDonald	
	PHONE (A/C, No, Ext): 8508642000 FAX (A/C, No): 8502268425 E-MAIL ADDRESS: chris@tembrokersinsurance.com	
INSURED PGC Aviation LLC 1656 KNOLLWOOD WAY Niceville, FL 32578	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Evanston Insurance Company	
	INSURER B: Lloyds of London	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: 0000000-47088 REVISION NUMBER: 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			3EH5278	01/13/2017	01/13/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ excl \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Property			JAX109478	01/13/2017	01/13/2018	Airplane Hangar 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Okaloosa County 5749 A Old Bethel Road Crestview, FL 32536	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE (CJM)

**Contract # L08-0307-AP
PGC AVIATION SERVICES, LLC
DAP BLOCK 5/LOT 2
EXPIRES: 03/15/2023**

**ASSIGNMENT OF LEASE AND AMENDMENT L08-0307-AP
AM MANAGEMENT, INC. HANGAR LEASE AT THE
DESTIN EXECUTIVE AIRPORT**

This Assignment of Lease and Second Amendment, made and entered into this 8th day of February, 2017, hereby approves this Assignment of Lease and Second Amendment, for lease L08-0307-AP ("Lease Agreement"), dated October 4, 2007, by AM Management, Inc. ("Lessee"), and Okaloosa County, Florida through its Board of County Commissioners (hereinafter the "County").

WITNESSETH:

WHEREAS, on October 4, 2007, Lessee entered into a Lease Agreement, L08-0307-AP with the County for Hanger Space at the Destin Executive Airport with a current expiration date of March 15, 2023 ; and

WHEREAS, Lessee desires an Assignment of Lease from AM Management, Inc. to PGC Aviation Services, LLC; and

NOW THEREFORE, in consideration of the mutual covenants herein and other good and valuable consideration, the executing parties consent to and agrees to the following:

ASSIGNMENT

In accordance with section 14 of L06-0272-AP, the County hereby consents to this assignment of interest from AM Management, Inc. to PGC Aviation Services, LLC.

PGC Aviation Services, LLC, hereby assume all responsibilities, duties, obligations, rights and privileges as set forth in L06-0272-AP and any amendments and renewals thereof.

AMENDMENT

1. Section 6 a titled "Ground Lease" of L06-0272, is deleted and replaced as follows:

Lessee shall pay in advance an annual ground lease fee established by an independent appraisal. The fee shall be adjusted in accordance with Section 7. The ground lease and applicable sales tax will be billed annually, in advance, and is payable to Okaloosa County. Okaloosa County Airports, 1701 State Road 85 North, Suite 1, Eglin AFB, Florida 32542-1498. This lease includes THREE THOUSAND TWENTY (3,020) square feet at ONE DOLLAR AND FIFTY CENTS (\$1.50) per square foot per year for a total annual cost of FOUR THOUSAND FIVE HUNDRED THIRTY DOLLARS (\$4,530.00) plus state sales tax and County non-ad valorem taxes.

2. Section 11 titled "Care of Leased Premises" of L06-0272, is deleted and replaced as follows:

Lessee shall keep said hangar and premises neat, clean, and orderly at all times. Hangars located on airport property shall be used for aeronautical purposes. Lessee is permitted to store non-aeronautical items in hangars provided the items do not interfere with the aeronautical use of the hangar and or impede the movement or access of the aircraft or other aeronautical contents of the hangar. All petroleum products, solvents, cleaners and flammable material shall be stored in an approved fireproof rated cabinet. Used petroleum products, solvents, cleaners and cleaning materials shall be disposed of both in accordance with all governmental regulations and off the County premises.

3. Section 13 titled "Taxes" of L06-0272, is deleted and replaced as follows:

Taxes and Assessments: Lessee shall pay all taxes, assessments, and other similar charges required by any local, state or federal law, including but not limited to such taxes and assessments as may from time to time be imposed by the County, if so authorized, which by law may be levied or assessed against any of the premises occupied by Lessee pursuant to this Lease Agreement, or which may arise out of or are identical to the conduct of Lessee's operation and activities under this Agreement or by reason of Lessee's occupancy of its facilities or use of County facilities under this Agreement. Lessee shall protect, reimburse and indemnify County from and assume all liability for its tax and assessment obligations under the terms of this Lease Agreement.

4. Section 19 titled "Notices" of L06-0272, is hereby deleted and replaced as follows:

Any and all notices to be given under this Lease may be served by enclosing the same in a sealed envelope and directed to the other party at its address and deposited in the mail as first class mail with postage therein paid. When so given, such notice shall be effective from the date of mailing. Unless otherwise provided in writing by the parties hereto, the address of the Airport Director is as follows: Okaloosa County Airports, 1701 State Road 85 North, Suite 1, Eglin Air Force Base, Florida 32542-1498. The address of Lessee is: PGC Aviation Services, LLC, Jordan Harper and Keith Driver, 294 Ketch Court, Destin, 32541.

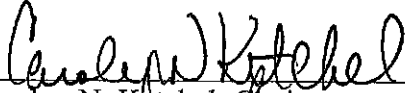
5. Section 27 "Place of Payments" of L06-0272, is hereby deleted and replaced as follows:

All payments and notices to COUNTY shall be given or mailed to the following address: Okaloosa County, Okaloosa County Airports, 1701 State Road 85 North, Suite 1, Eglin Air Force Base, Florida, 32542-1498.

6. All other provisions of the Lease Agreement shall remain in full force and effect through the duration of the Lease term.

IN WITNESS WHEREOF, the parties hereto have executed this renewal and amendment as of the day and year first written.

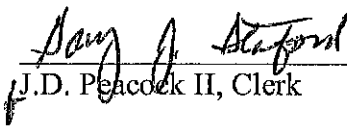
OKALOOSA COUNTY, FLORIDA



Carolyn N. Ketchel, Chairman
Date: 8 Feb 17



ATTEST:



J.D. Peacock II, Clerk



LESSEE

James Miller
AM Management Inc.
James Miller
Date: 1/4/2017

ATTEST:

[Signature]
Witness
[Signature]
Witness

ACKNOWLEDGMENTS

STATE OF Iowa
COUNTY OF Johnson

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared JAMES MILLER who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

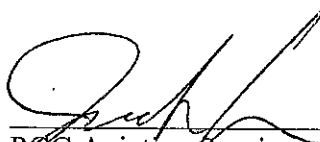
Sworn and subscribed before me this 4th day of January, 2017, AD.



Stacy Murphy
NOTARY

My Commission Expires: 3/7/17

LESSEE



PGC Aviation Services, LLC

Jordan Harper

Date: 1/8/17

ATTEST:

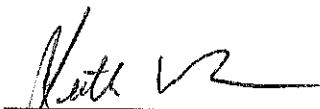


Witness



Witness

LESSEE

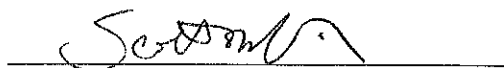


PGC Aviation Services, LLC

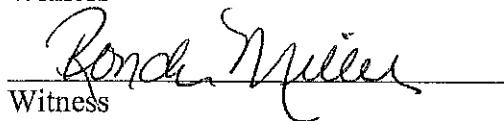
Keith Driver

Date: 1/8/2017

ATTEST:



Witness



Witness

ACKNOWLEDGMENTS

STATE OF Florida
COUNTY OF Okaloosa

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared JORDAN HARPER who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 8th day of January, 2017, AD.



SCOTT O. MILLER
MY COMMISSION # FF 145865
EXPIRES: July 28, 2018
Bonded Thru Budget Notary Services

Scott O. Miller
NOTARY

My Commission Expires: 07/28/2018

ACKNOWLEDGMENTS

STATE OF Florida
COUNTY OF Okaloosa

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared KEITH DRIVER who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 8th day of January, 2017, AD.



SCOTT O. MILLER
MY COMMISSION # FF 145865
EXPIRES: July 28, 2018
Bonded Thru Budget Notary Services

Scott O. Miller
NOTARY

My Commission Expires: 07/28/2018



L08-0307-AP
 AM MANAGEMENT, INC.
 DAP BLOCK 5/LOT 2
 Expires: 03/15/2023

COMMERCIAL INSURANCE APPLICATION
 APPLICANT INFORMATION SECTION

JCROSSCUP

DATE (MM/DD/YYYY)
 8/23/2016

AGENCY Acentria, Inc - Panama City Office 1007 Jenks Avenue Panama City, FL 32401		CARRIER		NAIC CODE N/A
CONTACT NAME: Kevin Mason		COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
PHONE (A/C, No, Ext): (850) 257-2990	UNDERWRITER		UNDERWRITER OFFICE	
FAX (A/C, No): (850) 257-2991	POLICY NUMBER		STATUS OF TRANSACTION	
E-MAIL ADDRESS: Janet.crosscup@acentria.com	QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/>		BOUND (Give Date and/or Attach Copy):	
CODE:	SUBCODE:	CHANGE DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
AGENCY CUSTOMER ID: AMMANAG-01		CANCEL		

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$		ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO
BOILER & MACHINERY	\$		EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER
BUSINESS AUTO	\$		GARAGE AND DEALERS	\$	UMBRELLA
BUSINESS OWNERS	\$		GLASS AND SIGN	\$	YACHT
COMMERCIAL GENERAL LIABILITY	\$		INSTALLATION / BUILDERS RISK	\$	
CRIME	\$		OPEN CARGO	\$	
DEALERS	\$	X	PROPERTY	\$	

ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (If applicable)
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
LOSS SUMMARY	

POLICY INFORMATION

PROPOSED EFF DATE 09/14/2016	PROPOSED EXP DATE 09/14/2017	BILLING PLAN <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	PAYMENT PLAN OT	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (Including ZIP+4) AM Management, Inc. 2000 Zink Road Fairborn, OH 45324				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input checked="" type="checkbox"/>				BUSINESS PHONE #:			
INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>				WEBSITE ADDRESS			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/>				BUSINESS PHONE #:			
INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>				WEBSITE ADDRESS			
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/>				BUSINESS PHONE #:			
INDIVIDUAL <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____ PARTNERSHIP <input type="checkbox"/> TRUST <input type="checkbox"/>				WEBSITE ADDRESS			

CONTACT INFORMATION

AGENCY CUSTOMER ID: AMMANAG-01

JCROSSCUP

CONTACT TYPE: Inspection Contact		CONTACT TYPE: Accounting Contact	
CONTACT NAME: Jim Miller		CONTACT NAME: Kevin Stafford	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (850) 420-5257	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (937) 426-6500 107	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 1001 Airport Road Lot 2 Block 5	CITY LIMITS <input checked="" type="checkbox"/> INSIDE	INTEREST <input checked="" type="checkbox"/> OWNER	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: Destin COUNTY: Okaloosa	STATE: FL ZIP: 32541	<input type="checkbox"/> TENANT	# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD #	CITY:	STATE:	<input type="checkbox"/> OWNER	# PART TIME EMPL	OCCUPIED AREA: SQ FT
	COUNTY:	ZIP:	<input type="checkbox"/> TENANT		OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> aircraft hangar - insured occupies hangar 8 mont	DATE BUSINESS STARTED (MM/DD/YYYY) 01/01/2007
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		

DESCRIPTION OF PRIMARY OPERATIONS

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES: _____

INSTALLATION, SERVICE OR REPAIR WORK: _____ %

OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK: _____ %

DESCRIPTION OF OPERATIONS OF OTHER NAMED INSUREDS

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE: _____	POLICY: _____	SEND BILL: _____	INTEREST IN ITEM NUMBER	
	REFERENCE / LOAN #: _____	INTEREST END DATE: _____		LOCATION: _____	BUILDING: _____	VEHICLE: _____	BOAT: _____
	LIEN AMOUNT: _____	PHONE (A/C, No, Ext): _____		AIRPORT: _____	AIRCRAFT: _____	ITEM CLASS: _____	ITEM: _____
	REASON FOR INTEREST: _____	E-MAIL ADDRESS: _____		ITEM DESCRIPTION			

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of Imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				
NAME OF TRUST				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				

REMARKS / PROCESSING INSTRUCTIONS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

3. fuel in aircraft
3. fuel in aircraft

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY Check If none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS						TOTAL LOSSES: \$		
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO-GATION Y/N	CLAIM OPEN Y/N	

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

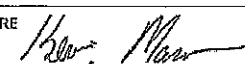
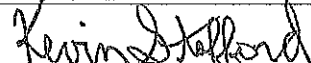
Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Kevin Mason	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE 	DATE 9/1/16	NATIONAL PRODUCER NUMBER



AGENCY CUSTOMER ID: AMMANAG-01

JCROSSCUP

PROPERTY SECTION

DATE (MM/DD/YYYY)
8/23/2016

AGENCY NAME Acentria, Inc - Panama City Office		CARRIER		NAIC CODE N/A
POLICY NUMBER	EFFECTIVE DATE 09/14/2016	NAMED INSURED(S) AM Management, Inc.		

BLANKET SUMMARY

BLKT #	AMOUNT	TYPE	BLKT #	AMOUNT	TYPE

PREMISES INFORMATION

PREMISES #: **1** STREET ADDRESS: **1001 Airport Road, Destin, FL 32541**

BUILDING #: **1** BLDG DESCRIPTION: **aircraft hangar**

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY
Building	100,000	90	R	Special (Including theft)		1,000			5% wind /\$5000 min

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE Non-Combustible	DISTANCE TO HYDRANT 50 FT	FIRE STAT 1 MI	FIRE DISTRICT Destin Fire	CODE NUMBER	PROT CL 3	# STORIES 1	# BASMTS 0	YR BUILT 1999	TOTAL AREA 3,250
---	-------------------------------------	--------------------------	-------------------------------------	-------------	---------------------	-----------------------	----------------------	-------------------------	----------------------------

BUILDING IMPROVEMENTS	BLDG CODE GRADE	TAX CODE	ROOF TYPE Metal	OTHER OCCUPANCIES
WIRING, YR: <input type="checkbox"/>	PLUMBING, YR: <input type="checkbox"/>			
ROOFING, YR: <input type="checkbox"/>	HEATING, YR: <input type="checkbox"/>			
OTHER: YR: <input type="checkbox"/>	RESISTIVE	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____

PRIMARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>	SECONDARY HEAT <input type="checkbox"/> BOILER <input type="checkbox"/> SOLID FUEL <input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N	IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y/N

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY			WITH KEYS

BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>	

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS RANK: EVIDENCE: <input checked="" type="checkbox"/> CERTIFICATE	INTEREST IN ITEM NUMBER
	Okaloosa County Regional Airport Jack Allen 602C North Pearl St. Crestview, FL 32536	LOCATION: 1 BUILDING: 1 ITEM CLASS: B ITEM: 1
REFERENCE / LOAN #:	ITEM DESCRIPTION 1001 Airport Road, Destin, FL 32541	

ADDITIONAL PREMISES INFORMATION

PREMISES #:		STREET ADDRESS:							
BUILDING #:		BLDG DESCRIPTION:							
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DED	DED TYPE	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y / N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y / N) <input type="checkbox"/>	OPTIONS	
		DEDUCTIBLE \$		<input type="checkbox"/> BREAKDOWN OR CONTAMINATION	<input type="checkbox"/> POWER OUTAGE
SINKHOLE COVERAGE (Required in Florida)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
MINE SUBSIDENCE COVERAGE (Required in IL, IN, KY and WV)		ACCEPT COVERAGE	REJECT COVERAGE	LIMIT: \$	
<input type="checkbox"/> PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK				# OF OPEN SIDES ON STRUCTURE: _____	

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED:				
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:				RESISTIVE		MANUFACTURER:		
OTHER: YR:									

PRIMARY HEAT				SECONDARY HEAT			
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/>	<input type="checkbox"/>
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N				IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N			

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
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BURGLAR ALARM INSTALLED AND SERVICED BY	EXTENT	GRADE	# GUARDS / WATCHMEN	CLOCK HOURLY <input type="checkbox"/>
---	--------	-------	---------------------	---------------------------------------

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
---	---------	-------------------------	--	-------------------------------------

ADDITIONAL INTEREST ACORD 45 attached for additional names

INTEREST <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/>	NAME AND ADDRESS RANK: _____	EVIDENCE: <input type="checkbox"/>	CERTIFICATE <input type="checkbox"/>	INTEREST IN ITEM NUMBER	
	REFERENCE / LOAN #: _____			LOCATION: _____	BUILDING: _____
				ITEM CLASS: _____	ITEM: _____
				ITEM DESCRIPTION	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

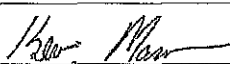
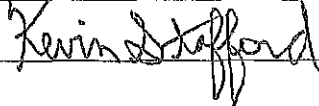
Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Kevin Mason	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE 	DATE 8/23/2016	NATIONAL PRODUCER NUMBER



FORMS AND ENDORSEMENTS SCHEDULE

AGENCY Acentria, Inc - Panama City Office		CARRIER		NAIC CODE N/A
POLICY NUMBER	EFFECTIVE DATE 09/14/2016	NAMED INSURED(S) AM Management, Inc.		

FORMS AND ENDORSEMENTS

LOC #	VEH #	BOAT #	ITEM #	FORM NUMBER	FORM NAME	EDITION DATE	COPYRIGHT OWNER CODE
				NMA 2868	Certificate provisions		
				CF150	SUPPLEMENTAL DECLARATIONS	11/01/1985	
				SCU-004	SCHEDULE OF FORMS AND ENDORSEMENTS		
				IL 00 17	COMMON POLICY CONDITIONS	11/01/1998	
				SCU-002	COLLECTIVE CERTIFICATE ENDORSEMENT	10/01/2013	
				SCU-003	SYNDICATE ALLOCATION ENDORSEMENT	10/01/2013	
				SCU-005	MINIMUM EARNED PREMIUM CLAUSE	10/01/2013	
				CP 03 20	MULTIPLE DEDUCTIBLE FORM	10/01/1992	
				CP1218	LOSS PAYABLE PROVISIONS	10/01/2012	
				LMA5018	MICROORGANISM EXCLUSION (ABSOLUTE		
				LMA5019	ASBESTOS ENDORSEMENT	11/01/2014	
				LMA5020	SERVICE OF SUIT CLAUSE (U.S.A.)	09/14/2005	
				LMA5021	APPLICABLE LAW (USA)	09/14/2005	
				LSW546	TOTAL OR CONSTRUCTIVE LOSS CAUSE		
				LSW1135B	LLOYD'S PRIVACY POLICY STATEMENT	06/01/2003	
				NMA464	WAR AND CIVIL WAR EXCLUSION CLAUSE	01/01/1983	
				NMA1191	RADIOACTIVE CONTAMINATION EXCLUSION CLAUSE-PHYSI	05/07/1959	
				NMA1331	CANCELLATION CLAUSE	04/20/1961	
				NMA2341	USA& CANADA LAND, WATER AND AIR EXCLUSION	11/24/1988	
				NMA2342	SEEPAGE AND/ OR POLLUTION AND/ OR CONTAMINATION E	11/24/1988	
				NMA2802	ELECTRONIC DATE RECOGNITION EXCLUSION (EDRE)	12/17/1997	
				NMA2915	ELECTRONIC DATA ENDORSEMENT B	01/25/2001	
				NMA2920	TERRORISM EXCLUSION ENDORSEMENT	10/08/2001	
				NMA2962	BIOLOGICAL OR CHEMICAL MATERIALS EXCLUSION	02/06/2003	
				LMA3100	SANCTION LIMITATION AND EXCLUSION CLAUSE	09/15/2010	
				LSWLOOL	Several Liability Notice - 1001		
				LMA5219	U.S. Terrorism Risk Insurance Act of 2002 as amend	01/12/2015	
				CP 00 10	BUILDING AND PERSONAL PROPERTY COVERAGE FORM	10/01/2012	
				CP 00 90	COMMERCIAL PROPERTY CONDITIONS	07/01/1988	
				CP 10 30	CAUSES OF LOSS - SPECIAL FORM	10/01/2012	
				CP 01 25	FLORIDA CHANGES	07/01/2008	
				IL01 75	FLORIDA CHANGES - LEGAL ACTION AGAINST US	07/01/2002	
				IL 02 55	FLORIDA CHANGES -CANCELLATION AND NON RENEWAL	03/01/2000	

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2020, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019 AND 80% BEGINNING ON JANUARY 1, 2020; OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD.....418.50.....
X	I hereby elect to have coverage for acts of terrorism <u>excluded</u> from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Kevin Stafford
Policyholder/Applicant's Signature

Kevin Stafford

Print Name

9-7-16

Date

..... Syndicate on behalf of certain
underwriters at Lloyd's

Policy Number

LMA9104

12 January 2015

AMENDMENT NUMBER ONE

TO

BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY, FLORIDA

AND

AM MANAGEMENT, INC.

This AMENDMENT NUMBER ONE, fully executed this 11th day of May, 2015, by and between the OKALOOSA COUNTY, FLORIDA, a political subdivision of the State of Florida, (hereinafter called "COUNTY") and AM MANAGEMENT, INC. (hereinafter called "LESSEE").

WITNESSETH:

WHEREAS, the LESSEE entered into Assignment of Lease effective October 4, 2007; (the "LEASE") for the purpose of permitting LESSEE to maintain one (1) hangar for storage of individually-owned/corporate owned aircraft on BLOCK 5 LOT 2 at the Destin Executive Airport (the "DTS") in Okaloosa County, Florida (the "AIRPORT"), with an expiration date of March 15, 2021; and

WHEREAS, this AMENDMENT shall be subject to the terms, covenants, conditions, and agreements to be kept, performed and observed by LESSEE as stipulated in the Original Lease Agreement, Supplemental Agreements, Amendments and Assignment of Leases; and

WHEREAS, the Board of County Commissioners (the "Board") in open session on February 17, 2015 eliminated the requirement to have lessees pay for the 10 foot setback from the footprint of hangars. The Board also authorized the term and associated expiration date to be extended for two (2) additional years as fair compensation for the previously paid setback rent. The Lessee's revised square footage will be included in the annual increase effective for the October 2015 invoicing.

NOW, THEREFORE, in consideration of the promises contained herein, the County and Lessee agree as follows:

SECTION 1:

The new expiration date of this Lease will be March 15, 2023.

**LEASE # L08-0307-AP
AM MANAGEMENT, INC.
DAP BLOCK 2/LOT 2
EXPIRES: 03/15/2023**

04-01-15 12:56 PM '15

SECTION 2:

Section 6 a: Ground Lease is amended to read:

LESSEE shall pay in advance an annual ground lease fee established by an independent appraisal. The fee shall be adjusted every year in accordance with Section 7. The ground lease and applicable sales tax will be billed annually, in advance, and is payable to Okaloosa County, Okaloosa County Airports, 1701 State Road 85 North, Eglin, Air Force Base, Florida 32542-1498. The Lease includes THREE THOUSAND TWENTY (3,020) square feet at TWO DOLLARS AND TWENTY FOUR CENTS (\$2.24) per square foot per year for a total annual cost of SIX THOUSAND SEVEN HUNDRED SIXTY FOUR DOLLARS AND EIGHTY CENTS (\$6,764.80) plus tax.

SECTION 3:

Section 29: Legal Description is amended to read:

Block 5 Lot 2. Commence at the Southeasternmost corner of Lot 33, Block A, Harbor Breeze Second Addition, as recorded in Plat Book 16, Page 30, Public Records of Okaloosa County, Florida; Thence N.38°00'00"W. (Basis of Bearings) along the East line of said subdivision for a distance of 106.07 feet; Thence departing said East line proceed N.52°00'00"E for a distance of 108.55 feet to THE POINT OF BEGINNING; Thence N.38°00'00"W. for a distance of 50.30 feet; Thence N.52°00'00"E. for a distance of 60.04 feet; Thence S.38°00'00"E. for a distance of 50.30 feet; Thence S.52°00'00"W for a distance of 60.04 feet; to the POINT OF BEGINNING. Parcel described contains 3020 square feet or 0.069 acres.

SECTION 4:

All other provisions of the Lease, as subsequently amended, shall remain in full force and effect.

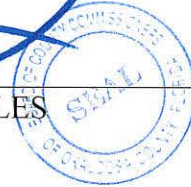
(The remainder of this page intentionally left blank)

IN WITNESS, the parties hereto have executed these presents as of the day and year first above written.


BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY, FLORIDA



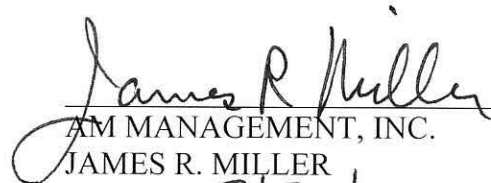
NATHAN D. BOYLES
CHAIRMAN



ATTEST:


J.D. PEACOCK, II
CLERK & COMPTROLLER
OKALOOSA COUNTY, FLORIDA




AM MANAGEMENT, INC.
JAMES R. MILLER
DATE: 3/27/15


WITNESS

Steve Gordon
PRINT NAME


WITNESS

Sarah Staymaker
PRINT NAME

CONTRACT & LEASE INTERNAL COORDINATION SHEET

2-19-15

Contract/Lease Number: L 08-0305-AP Tracking Number: 1292-15
Contractor/Lessee Name: AM Management, INC Grant Funded: YES ___ NO X
Purpose: Amendment No. One (Delete IDFT requirement and extend EXP. Date)
Date/Term: 3-15-23 1. GREATER THAN \$50,000
Amount: \$6,364.80 annually plus tax 2. GREATER THAN \$25,000
Department: Airports 3. \$25,000 OR LESS
Dept. Monitor Name: Herman / Miner
Document has been reviewed and includes any attachments or exhibits.

Purchasing Review

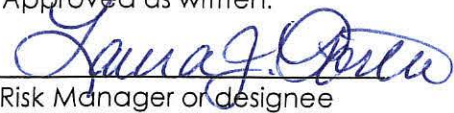
Procurement requirements are met:


Purchasing Director or designee

Date: 2-23-15

Risk Management Review

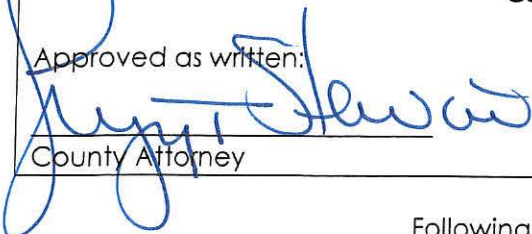
Approved as written:


Risk Manager or designee

Date: 3/18/15

County Attorney Review

Approved as written:


County Attorney

Date: 3-16-15

Following Okaloosa County approval:

Contract & Grant

Document has been received:

Contracts & Grants Manager

Date: _____

TB Done 3/18



CERTIFICATE OF INSURANCE

This is to certify to
(Certificate Holder):

**Okaloosa County
C/O John Christopher
602C North Pearl Street
Crest View, FL 32536**

The following policy(ies)
have been issued to:

**AM Management, Inc
2871 Heinz Road
Suite B
Iowa City, IA 52240**

POLICY INFORMATION:

AIRCRAFT POLICY NO: CA 00136106 POLICY PERIOD: FROM: September 11, 2014 TO: September 11, 2015
 THIS COVERAGE IS EFFECTIVE 12:01 A.M. September 11, 2014
 INSURANCE COMPANY: OLD REPUBLIC INSURANCE COMPANY

	LIMITS OF LIABILITY	
	EACH PERSON	EACH OCCURRENCE
<input type="checkbox"/> Bodily Injury	\$	\$
<input type="checkbox"/> Property Damage	\$	\$
<input type="checkbox"/> Passenger Bodily Injury	\$	\$
<input checked="" type="checkbox"/> Single Limit <input checked="" type="checkbox"/> Including <input type="checkbox"/> Excluding Passengers	\$XXXX	\$ 1,000,000
<input type="checkbox"/> With Passenger Liability Limited to:	\$	\$

DESCRIPTION OF AIRCRAFT	PHYSICAL DAMAGE COVERAGE:		ALL RISKS GROUND & IN-FLIGHT		
	INSURED VALUE	NOT IN MOTION	DEDUCTIBLES		INGESTION
F.A.A. NO. YEAR MAKE AND MODEL					
N850BZ 2007 Socata TBM 850	\$	\$	\$	\$	\$

THIS CERTIFICATE HOLDER IS:

Included as a Loss Payee for Aircraft Physical Damage Coverage.
 Breach of Warranty Coverage on Aircraft Physical Damage as their interest may appear not to exceed 100% of the Insured Value.
 Is included as an Additional Insured on Aircraft Liability Coverage but only with respect to hangaring of N850BZ, Socata TBM 700.
 Is provided a Waiver of Subrogation on Aircraft Physical Damage Coverage, but only

OTHER COVERAGES / CONDITIONS / REMARKS:

This coverage includes War Physical Damage Coverage
 This coverage includes War Liability Coverage
 This coverage includes TRIA Liability Coverage
 This coverage includes TRIA Physical Damage Coverage

Provision has been made to give the Certificate Holder thirty (30) days notice of cancellation - ten (10) days for nonpayment of premium of any policy above; however, the Company assumes no responsibility for the failure to provide such notice. This Certificate does not change in any way the actual coverages provided by the policy(ies) specified above, nor does it affirmatively or negatively amend, extend or alter coverage afforded by the policy(ies) listed within.

Phoenix Aviation Representative:

Agency Name:	CS&A Aviation Insurance	
Agency Phone:	1.800.999.1109	


Date: 9/9/2014

the number of claims made against you.

Example: Suppose your single limit coverage for bodily injury and property damage is \$1,000,000 and the Coverage Data Page does not indicate that your policy has an "each passenger" coverage limit. There is a covered liability claim made against you for \$700,000 for bodily injury and \$500,000 for property damage. Even though the total claim is \$1,200,000 the most we will pay is your coverage limit of \$1,000,000.

Each Passenger Coverage limits. If the Coverage Data Page shows a coverage limit for "each passenger", the most we will pay for bodily injury to any one passenger who is injured in an occurrence is the amount shown on the Coverage Data Page. The "each occurrence" limit is the most we will pay for all bodily injury that results from an occurrence regardless of the number of persons bringing a claim or the number of claims made against you.

Example: Suppose you have an "each passenger" limit of \$100,000 and an "each occurrence" limit of \$500,000. There are six passengers injured in an occurrence and you are legally responsible for their injuries. The most we will pay for any one passenger's claim is \$100,000 regardless of the number of claimants bringing a claim for the passenger's injuries or the number of claims made as a result of the injuries to the passenger. We will not pay more than a total of \$100,000 for any one passenger or more than \$500,000 for all of the liability claims arising from that occurrence.

 **Airport premises accidents.** If you are legally responsible for bodily injury or property damage loss that results from your use or maintenance of the premises where you park or store your aircraft, we will pay on your behalf claims that someone else files against you for the loss. The loss must result from an occurrence that happens during the policy period. This coverage is part of and not in addition to the Coverage Limit. However the total amount we will pay for all claims for bodily injury and property damage arising from one occurrence is the "each occurrence" amount indicated on the Coverage Data Page. If you have more than one aircraft insured under this policy, the most we will pay is one "each occurrence" limit.

Voluntary Payments for Bodily Injury

You may also choose to have coverage for Voluntary Payments for bodily injury. Voluntary Payments for Bodily Injury Coverage protects you for passengers who die, or who are disabled or dismembered, directly and solely as a result of bodily injury caused by an occurrence, involving your aircraft. If the body of a passenger is not found within a year of an occurrence, we will assume that the passenger has died.

You are also protected under this coverage against death or injury to passengers caused by unavoidable exposure to the elements as the result of an occurrence involving your aircraft.

Voluntary Payments for Bodily Injury Coverage applies whether or not you are legally responsible for the bodily injury to passengers caused by an occurrence.

What we will pay. If you request it, we will make Voluntary Payments for Bodily Injury up to these amounts, provided you have this type of coverage shown on the Coverage Data Page:

For loss of life	The Benefit Amount
For loss of two or more body parts (a body part is a hand, foot or eye)	The Benefit Amount
For loss of one part (dismemberment)	One-Half the Benefit Amount
For permanent total disability	The Benefit Amount
For temporary total disability maximum weekly payment	Not more than \$1,250.

The Benefit Amount is shown on the Coverage Data Page.

Dismemberment and death. A passenger is dismembered if his or her hand or foot is severed at or above the wrist or ankle joint. Total and permanent loss of sight in one eye is also considered dismemberment.

If a passenger dies, or loses two or more body parts within one year from the date of the occurrence, we will pay the total Benefit Amount. If a passenger loses one body part, we will pay one-half the Benefit Amount. But we will deduct from these amounts any payment we have already made for total disability.

L 08-0307



CERTIFICATE OF PROPERTY INSURANCE

CLINDNER

DATE (MM/DD/YYYY)

9/10/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER Acentria, Inc - Destin Office 4634 Gulfstarr Drive Destin, FL 32541		CONTACT NAME: PHONE (A/C, No, Ext): (850) 650-1950 FAX (A/C, No): (850) 650-9288 E-MAIL ADDRESS: PRODUCER CUSTOMER ID: AMMANAG-01	
INSURED AM Management, Inc. 2000 Zink Road Fairborn, OH 45324		INSURER(S) AFFORDING COVERAGE INSURER A: Southern Cross Underwriters INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # EXC

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 1 1 1001 Airport Road, Destin, FL

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS	
A	<input checked="" type="checkbox"/>	PROPERTY	77MCW1751	09/14/2014	09/14/2015	<input checked="" type="checkbox"/> BUILDING	\$ 100,000	
		CAUSES OF LOSS					PERSONAL PROPERTY	\$
		DEDUCTIBLES					BUSINESS INCOME	\$
		BASIC				BUILDING 1,000	EXTRA EXPENSE	\$
		BROAD				CONTENTS	RENTAL VALUE	\$
	<input checked="" type="checkbox"/>	SPECIAL					BLANKET BUILDING	\$
		EARTHQUAKE					BLANKET PERS PROP	\$
		WIND					BLANKET BLDG & PP	\$
		FLOOD						\$
	<input checked="" type="checkbox"/>	5% Wind & Hail						\$
<input checked="" type="checkbox"/>	\$5,000 Min. Win			\$				
	INLAND MARINE	TYPE OF POLICY				\$		
	CAUSES OF LOSS	POLICY NUMBER				\$		
	NAMED PERILS					\$		
	CRIME					\$		
	TYPE OF POLICY					\$		
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$		
						\$		
						\$		

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Okaloosa County Regional Airport Jack Allen 602C North Pearl St. Crestview, FL 32536	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

EXHIBIT B

CONTRACT & LEASE AGREEMENT CONTROL FORM

Date: 10/10/2007

Contract/Lease Control #: L08-0307-AP14-122

Bid #: N/A

Contract/Lease Type: REVENUE

Award to/Lessee: AM MANAGEMENT, INC./JAMES MILLER

Lessor: OKALOOSA COUNTY

Effective Date: 10/4/2007

Amount: \$151,228.00

Term/Expires: 3/15/2021

Description of Contract/Lease: DAP BLOCK 2/LOT 2 REASSIGNMENT FROM RASCORP TO AM MANAGEMENT

Department Manager: AIRPORT

Department Monitor: J. SEALY

Monitor's Telephone #: 651-7160

Monitor's Fax #: 651-7164

Date Closed:

ACKNOWLEDGMENTS

STATE OF Iowa
COUNTY OF Johnson

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared JAMES R. MILLER who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 27 day of March, 2015, AD.



Stacy Murphy
NOTARY

My Commission expires: 3/7/17

ASSIGNMENT OF LEASE

This ASSIGNMENT OF LEASE FOR HANGAR SPACE, fully executed this 4th day of October, 2007, by and between RASCORP EMERALD COAST, INC., (hereinafter referred to as the "FIRST PARTY") and AM MANAGEMENT, INC., (hereinafter referred to as the "SECOND PARTY").

WITNESSETH:

WHEREAS, the FIRST PARTY entered into an Assignment of Lease Agreement for a hangar and lease with Makaira Aircraft Sales, LLC, effective April 20, 2006, consisting of FIVE THOUSAND FOUR HUNDRED ONE (5,401) square feet at the Ft. Walton Beach/Destin Airport, with a current expiration date of March 15, 2021.

WHEREAS, the SECOND PARTY, by execution of this ASSIGNMENT OF LEASE, and in consideration of approval by Okaloosa County of the same does hereby assume all responsibilities, duties, obligations, rights, and privileges as set forth in the original lease, Supplemental Agreements and Assignment of Leases, except as hereinafter stipulated, and does hereby expressly relieve and indemnify the FIRST PARTY against any duty or responsibility for the same.

COUNTY hereby lets to SECOND PARTY and SECOND PARTY hereby hires and takes from COUNTY at the Destin/Ft. Walton Beach Airport in the County of Okaloosa, State of Florida (hereinafter referred to as "AIRPORT"), that certain location designated as Block 5 Lot 2 as shown on file in the office of the Airports Director, which is hereby incorporated herein by reference, and COUNTY hereby gives to SECOND PARTY permission to occupy and maintain one (1) hangar for the storage of individually-owned/corporate-owned aircraft at the aforesaid location. Additional aircraft may be stored in the hangar with proper notice to the COUNTY provided that proof of required insurance coverage is provided to the COUNTY.

This Lease for Hangar Space (hereinafter called "LEASE") is subject to the following terms, covenants, conditions, and agreements to be kept, performed, and observed by the SECOND PARTY.

SECTION 1: Change Section 6 Rentals a Ground Lease to read:

SECTION 6: RENTALS

a. GROUND LEASE:

LESSEE shall pay in advance an annual ground lease fee established by an independent appraisal. The fee shall be adjusted every year in accordance with Section 7. The ground

L08-0307-AP14-122
LESSEE: AM MANAGEMENT, INC.
DAP LOT 2/BLOCK 5
EXPIRES: 3/15/2021

lease and applicable sales tax will be billed annually, in advance, and is payable to the Airports Director, Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida, 32542-1413. The lease includes FIVE THOUSAND FOUR HUNDRED ONE (5,401) square feet at TWO DOLLARS (\$2.00) per square foot per year for a total annual cost of TEN THOUSAND EIGHT HUNDRED TWO DOLLARS (\$10,802.00) plus tax.

SECTION 2: Change Section 19 Notices to read:

SECTION 19: NOTICES

Any and all notices to be given under this LEASE may be served by enclosing the same in a sealed envelope and directed to the other party at its address and deposited in the mail as first class mail with postage therein paid. When so given, such notice shall be effective from the date of mailing. Unless otherwise provided in writing by the parties hereto, the address of the AIRPORT DIRECTOR is as follows: Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida 32542-1413. The address of the LESSEE is: AM Management, Inc., James R. Miller, 2000 Zink Road, Fairborn, OH 45324.

SECTION 3: ENTIRE ASSIGNMENT OF LEASE

This ASSIGNMENT OF LEASE consists of the following: Sections 1 to 3. It constitutes the entire ASSIGNMENT OF LEASE of the parties on the subject matter hereof and may not be changed, modified, discharged, or extended except by written instrument duly executed by COUNTY and LESSEE.

IN WITNESS, the parties hereto have executed these presents as of the day and year first above written.

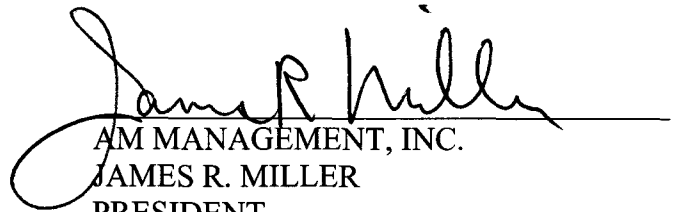


RASCORP Emerald Coast Inc.
RICHARD A. SHELDON
FIRST PARTY

ATTESTS:

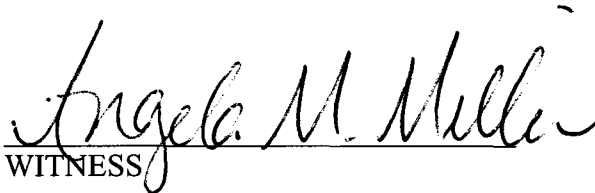


WITNESS



AM MANAGEMENT, INC.
JAMES R. MILLER
PRESIDENT
SECOND PARTY

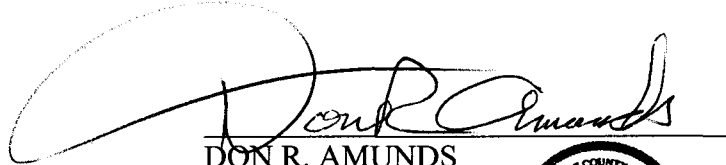
ATTESTS:



WITNESS

This Assignment of Lease is adopted this 2nd day of October, 2007.

BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY, FLORIDA



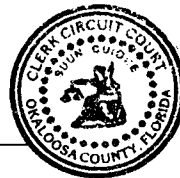
DON R. AMUNDS
CHAIRMAN



ATTEST:



GARY J. STANFORD
DEPUTY CLERK OF CIRCUIT COURT
OKALOOSA COUNTY, FLORIDA



ACKNOWLEDGMENTS

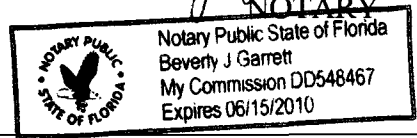
STATE OF FLORIDA
COUNTY OF OKALOOSA

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared RICHARD A. SHELDON who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 14th day of Sept, 2007, AD.

Beverly J. Garrett

NOTARY

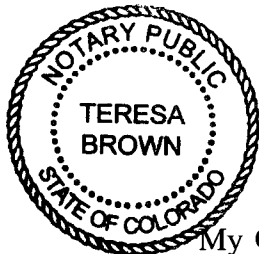


My Commission expires: _____

STATE OF ~~FLORIDA~~ Colorado
COUNTY OF ~~OKALOOSA~~ Gunnison

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared JAMES R. MILLER who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 19th day of September, 2007, AD.



Teresa Brown

NOTARY

My Commission expires: 9-14-08
My Commission Expires Sept. 14, 2008

ASSIGNMENT OF LEASE

This ASSIGNMENT OF LEASE FOR HANGAR SPACE, fully executed this 27th day of October, 2007, by and between RASCORP EMERALD COAST, INC., (hereinafter referred to as the "FIRST PARTY") and AM MANAGEMENT, INC., (hereinafter referred to as the "SECOND PARTY").

WITNESSETH:

WHEREAS, the FIRST PARTY entered into an Assignment of Lease Agreement for a hangar and lease with Makaira Aircraft Sales, LLC, effective April 20, 2006, consisting of FIVE THOUSAND FOUR HUNDRED ONE (5,401) square feet at the Ft. Walton Beach/Destin Airport, with a current expiration date of March 15, 2021.

WHEREAS, the SECOND PARTY, by execution of this ASSIGNMENT OF LEASE, and in consideration of approval by Okaloosa County of the same does hereby assume all responsibilities, duties, obligations, rights, and privileges as set forth in the original lease, Supplemental Agreements and Assignment of Leases, except as hereinafter stipulated, and does hereby expressly relieve and indemnify the FIRST PARTY against any duty or responsibility for the same.

COUNTY hereby lets to SECOND PARTY and SECOND PARTY hereby hires and takes from COUNTY at the Destin/Ft. Walton Beach Airport in the County of Okaloosa, State of Florida (hereinafter referred to as "AIRPORT"), that certain location designated as Block 5 Lot 2 as shown on file in the office of the Airports Director, which is hereby incorporated herein by reference, and COUNTY hereby gives to SECOND PARTY permission to occupy and maintain one (1) hangar for the storage of individually-owned/corporate-owned aircraft at the aforesaid location. Additional aircraft may be stored in the hangar with proper notice to the COUNTY provided that proof of required insurance coverage is provided to the COUNTY.

This Lease for Hangar Space (hereinafter called "LEASE") is subject to the following terms, covenants, conditions, and agreements to be kept, performed, and observed by the SECOND PARTY.

SECTION 1: Change Section 6 Rentals a Ground Lease to read:

SECTION 6: RENTALS

a. GROUND LEASE:

LESSEE shall pay in advance an annual ground lease fee established by an independent appraisal. The fee shall be adjusted every year in accordance with Section 7. The ground

RASCORP EMERALD
COAST, INC. MANAGEMENT INC.
10000 W. 10th St.
Destin, FL 32541

lease and applicable sales tax will be billed annually, in advance, and is payable to the Airports Director, Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida, 32542-1413. The lease includes FIVE THOUSAND FOUR HUNDRED ONE (5,401) square feet at TWO DOLLARS (\$2.00) per square foot per year for a total annual cost of TEN THOUSAND EIGHT HUNDRED TWO DOLLARS (\$10,802.00) plus tax.

SECTION 2: Change Section 19 Notices to read:

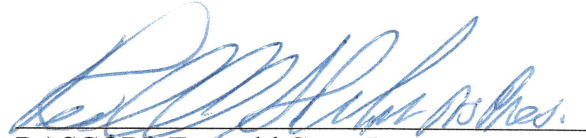
SECTION 19: NOTICES

Any and all notices to be given under this LEASE may be served by enclosing the same in a sealed envelope and directed to the other party at its address and deposited in the mail as first class mail with postage therein paid. When so given, such notice shall be effective from the date of mailing. Unless otherwise provided in writing by the parties hereto, the address of the AIRPORT DIRECTOR is as follows: Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida 32542-1413. The address of the LESSEE is: AM Management, Inc., James R. Miller, 2000 Zink Road, Fairborn, OH 45324.

SECTION 3: ENTIRE ASSIGNMENT OF LEASE

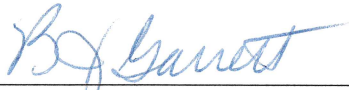
This ASSIGNMENT OF LEASE consists of the following: Sections 1 to 3. It constitutes the entire ASSIGNMENT OF LEASE of the parties on the subject matter hereof and may not be changed, modified, discharged, or extended except by written instrument duly executed by COUNTY and LESSEE.

IN WITNESS, the parties hereto have executed these presents as of the day and year first above written.

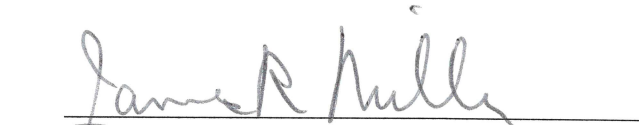


RASCORP Emerald Coast Inc.
RICHARD A. SHELDON
FIRST PARTY

ATTESTS:

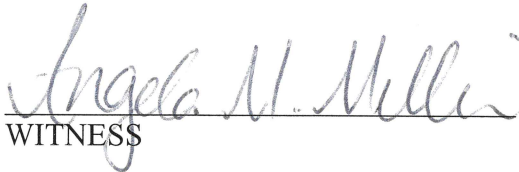


WITNESS



AM MANAGEMENT, INC.
JAMES R. MILLER
PRESIDENT
SECOND PARTY

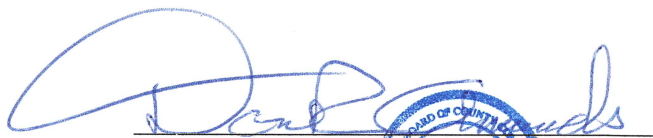
ATTESTS:



WITNESS


This Assignment of Lease is adopted this 2nd day of October, 2007.

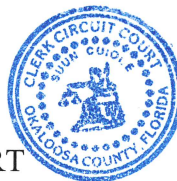
BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY, FLORIDA


DON R. AMUNDS
CHAIRMAN



ATTEST:


GARY J. STANFORD
DEPUTY CLERK OF CIRCUIT COURT
OKALOOSA COUNTY, FLORIDA



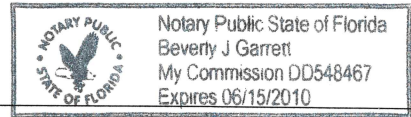
ACKNOWLEDGMENTS

STATE OF FLORIDA
COUNTY OF OKALOOSA

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared RICHARD A. SHELDON who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 14th day of Sept, 2007, AD.

Beverly J. Garrett
NOTARY



My Commission expires: _____

STATE OF FLORIDA Colorado
COUNTY OF OKALOOSA Gunnison

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared JAMES R. MILLER who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 19th day of September, 2007, AD.



Teresa Brown
NOTARY

My Commission Expires Sept. 14, 2008 My Commission expires: 9-14-08

ASSIGNMENT OF LEASE

20th day of April ~~2017~~ day of ~~MARCA~~, 2006, by and between MAKAIRA AIRCRAFT SALES, LLC, (hereinafter referred to as the "FIRST PARTY") and RASCORP EMERALD COAST, INC., (hereinafter referred to as the "SECOND PARTY").

WITNESSETH:

WHEREAS, the FIRST PARTY entered into an Assignment of Lease Agreement for a hangar and lease with JOHN AND BEVERELY SCOTT, effective February 1, 2002, consisting of THREE THOUSAND TWO HUNDRED FIFTY (3,250) square feet at the Ft. Walton Beach/Destin Airport, and original Lease dated July 19, 2001 with a current expiration date of March 15, 2021.

WHEREAS, the SECOND PARTY, by execution of this ASSIGNMENT OF LEASE, and in consideration of approval by Okaloosa County of the same does hereby assume all responsibilities, duties, obligations, rights, and privileges as set forth in the original lease, Supplemental Agreements and Assignment of Leases, except as hereinafter stipulated, and does hereby expressly relieve and indemnify the FIRST PARTY against any duty or responsibility for the same.

COUNTY hereby lets to SECOND PARTY and SECOND PARTY hereby hires and takes from COUNTY at the Destin/Ft. Walton Beach Airport in the County of Okaloosa, State of Florida (hereinafter referred to as "AIRPORT"), that certain location designated as Block 5 Lot 2 as shown on file in the office of the Airports Director, which is hereby incorporated herein by reference, and COUNTY hereby gives to SECOND PARTY permission to occupy and maintain one (1) hangar for the storage of individually-owned/corporate-owned aircraft at the aforesaid location. Additional aircraft may be stored in the hangar with proper notice to the COUNTY provided that proof of required insurance coverage is provided to the COUNTY.

This Lease for Hangar Space (hereinafter called "LEASE") is subject to the following terms, covenants, conditions, and agreements to be kept, performed, and observed by the SECOND PARTY.

SECTION 1: TERM

This lease shall expire on March 15, 2021.

L06-0272-AP15-108
LESSEE: RASCORP EMERALD COAST
DAP LOT 2/BLOCK 5
EXPIRES: 3/15/2021

SECTION 2: AIRCRAFT OWNERSHIP

LESSEE shall provide written confirmation to the COUNTY of proof of ownership of individually-owned/corporate-owned aircraft to be stored pursuant to this LEASE. In the event LESSEE's aircraft is sold, LESSEE shall have one year to replace said aircraft; otherwise this lease shall be voided at the COUNTY's discretion.

SECTION 3: IMPROVEMENTS TO COUNTY

Any and all improvements hereafter installed, erected, or placed within the Leased Premises, including alterations and repairs shall become, upon the termination of this LEASE for any cause, the absolute and sole property of COUNTY and shall not be removed from the Leased Premises. If on termination of this LEASE, LESSEE is not in default, LESSEE shall have the right to remove from the Leased Premises any equipment or trade fixtures that can be removed without damage to the Leased Premises (and if any damage does occur on any such removal, LESSEE shall promptly repair the same).

SECTION 4: CONSTRUCTION OF HANGAR

If a new hangar is to be constructed under this lease said hangar must be constructed within ONE (1) year of execution of this LEASE. Failure to comply with this requirement may result in automatic termination of this LEASE without prior written notice by COUNTY. LESSEE shall furnish ONE (1) set of building drawings to COUNTY upon completion of hangar.

SECTION 5: BUILDING, ALTERATIONS, AND PERMITS

LESSEE shall at its expense apply for and obtain any and all building, construction, or other permits and licenses to build, repair, or maintain the improvements contemplated by this LEASE. COUNTY makes no representations or warranty relative to the availability of such licenses or permits, and LESSEE assumes full responsibility for securing same. No construction, modification, or alterations of improvements to include antennas or other devices are permitted without prior written approval by COUNTY.

SECTION 6: RENTALS

a. GROUND LEASE:

LESSEE shall pay in advance an annual ground lease fee established by an independent appraisal. The fee shall be adjusted every year in accordance with Section 7. The ground lease and applicable sales tax will be billed annually, in advance, and is payable to the Airports Director, Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida, 32542-1413. The lease includes FIVE THOUSAND FOUR HUNDRED ONE (5,401) square feet at ONE DOLLAR AND SIXTY (\$1.60) cents per square foot per year for a total annual cost of EIGHT THOUSAND SIX HUNDRED FORTY ONE DOLLARS AND SIXTY CENTS (\$8,641.60) plus tax.

b. LEASE CREDITS:

LESSEE shall be allowed 100 percent credit against this ground lease for the amount of invested capital for taxiway and apron improvements for general public use when agreed to by the COUNTY.

c. PAYMENT EFFECTIVE DATE:

LESSEE shall deliver to the Airports Director plans and specifications required by the COUNTY for building permit approval no later than 90 days from the effective date specified in Section 1 above. Payment on this lease shall begin the first day of the month following approval by the COUNTY of said plans and specifications.

d. LATE CHARGES:

If LESSEE fails to pay within THIRTY (30) days of date of billing of invoices by COUNTY for applicable rents and charges as herein described, LESSEE shall then pay interest to the COUNTY at the maximum legal allowable rate authorized by the State of Florida. If any rental fee or other charge remains delinquent for a period of sixty days, LESSOR shall have the option to terminate this Agreement.

SECTION 7: ESCALATION CLAUSE:

The ground lease shall be increased annually to reflect the increase in the Consumer Price Index ("CPI") from the date of the original execution hereof by both parties. The "CPI" shall be the revised Consumer Price Index for All Urban Consumers for all items - U. S. City Average, published by the Bureau of Labor Statistics, U. S. Department of Labor, 1982-84 = 100 (CPI-U).

SECTION 8: UTILITIES

COUNTY does not assume any responsibility in providing utilities to the Leased Premises. LESSEE will pay all utility charges and costs of installation.

SECTION 9: RIGHTS OF LESSOR

a. It is understood and agreed that COUNTY may, in connection with the future development of said AIRPORT, require the space hereinabove for permanent buildings and/or other development. In such case, COUNTY shall give written notice to LESSEE. After THIRTY (30) days from said written notice, COUNTY shall have the right at COUNTY's expense, to remove said hangar and erect it at said AIRPORT as designated in writing by COUNTY, provided that said new location is reasonably, feasibility, accessible to the taxiways and runways.

b. COUNTY reserves itself, its successors, and assigns for the use and benefits of the public, a right of flight for the passage of aircraft in the airspace above the surface of

the real property hereinafter described together with the right to cause in said airspace such noises as may be inherent in the operations of aircraft, now known or hereafter used for navigation of or flight in the said airspace, and for use of said airspace for landing on, taking off from, or operating on the AIRPORT.

c. LESSEE expressly agrees for itself, its successors, and assigns to prevent any use of the hereinafter-described real property, which would interfere with or adversely affect the operation or maintenance of the AIRPORT, or otherwise constitute an airport hazard.

d. LESSEE expressly agrees for itself, its successors, and assigns, to restrict the height of structures, objects, of natural growth, and other obstructions on the hereinafter described real property to such height so as to comply with the Federal Aviation Regulations, Part 77.

SECTION 10: COMPLIANCE WITH GOVERNMENTAL PROCEDURES

LESSEE shall conform to all the requirements of applicable State and Federal statutes and regulations and all County Ordinances and regulations, and shall secure such permits and licenses as may be duly required by any such laws, ordinances, or regulations as may be promulgated by COUNTY. In addition, Lessee shall comply with all policies, rules, regulations, or ordinances of the County, which are currently, or may be hereinafter adopted relating to County owned airport facilities.

SECTION 11: CARE OF LEASED PREMISES

LESSEE shall keep said hangar and premises neat, clean, and orderly at all times. LESSEE shall not store anything on the premises other than those items specifically required to maintain the owner's aircraft in accordance with Federal Aviation Regulations (FAR's). All petroleum products, solvents, cleaners and flammable material shall be stored in an approved fireproof rated cabinet. Used petroleum products, solvents, cleaners and cleaning materials shall be disposed of both in accordance with all governmental regulations and off the County premises.

SECTION 12: MAINTENANCE IN LEASED PREMISES

LESSEE shall insure that all aircraft maintenance performed in the leased premises is in accordance with Federal Aviation Regulations (FAR's).

SECTION 13: TAXES

LESSEE shall pay all taxes or other governmental charges of any nature or kind which may be imposed on rental or lease payments or assessed upon the hangar or improvements and upon any aircraft or other property kept therein promptly when due.

SECTION 14: ASSIGNMENT AND SUBLEASE

All subsequent transfers and assignments of any interest, including mortgages thereon, require written approval in advance by COUNTY and payment of an Approval Fee of ONE THOUSAND (\$1,000.00) dollars. During the initial 20 year term a new lease fee will be established upon assignment or transfer based on an independent appraisal conducted at the direction of the COUNTY. LESSEE shall have thirty (30) days from the furnishing of the copy of the appraisal to exercise a right of transfer or assign. Otherwise, the transfer or assignment shall not be approved and the ONE THOUSAND (\$1,000.00) DOLLAR approval fee shall be refunded. Following the initial 20 year term, rent will be based on the ground values by an independent appraisal.

Except as hereinabove set out, the Leased Premises may not be sublet, in whole or in part, and LESSEE shall not assign this LEASE or any portion of this LEASE at any given time without prior written consent of COUNTY.

SECTION 15: INSPECTION ON ASSIGNMENT

LESSEE agrees that upon assignment of this Lease by LESSEE, LESSOR shall have the right to inspect the leased premises and require that the hangar and property be repaired or restored to the condition that it existed upon execution hereof.

SECTION 16: RISK OF LOSS OR DAMAGE TO HANGAR

LESSEE assumes the risk of loss or damage to the hangar and its contents, whether from windstorm, fire, earthquake, or any other causes whatsoever.

SECTION 17: RIGHTS OF ENTRY RESERVED

COUNTY has the right to inspect the Leased Premises at any time upon reasonable notice.

SECTION 18: INSURANCE

a. LIABILITY:

LESSEE agrees that LESSEE, shall, during the entire term or any extension of this LEASE, keep in full force and effect, a policy or policies of aircraft liability and public liability insurance with respect to the Leased Premises. The limits of aircraft liability and public liability shall not be less than ONE MILLION (\$1,000,000.00) dollars Combined Single Limit (CSL) each. The COUNTY reserves the right to increase the minimal aircraft liability and public liability insurance requirements as circumstances may warrant.

b. PROPERTY:

The damage, destruction, or partial destruction of any permanent building or other improvement which is part of the Leased Premises shall not release LESSEE from any obligations hereunder nor shall it cause a rebate or an abatement in rent then due or

thereafter becoming due under the terms hereof. In case of damage to or destruction of any such building or improvement, LESSEE shall at its own expense, promptly repair and restore the property to a condition as good or better than that existed prior to the damage or destruction.

For purposes of assuring compliance with the foregoing, LESSEE agrees to maintain property insurance on any permanent building or improvement constructed on the Leased Premises in an amount not less than full replacement value of such building and its improvements and agrees that the proceeds from such insurance shall be used promptly by LESSEE to satisfy LESSEE's repair and replacement obligation under this paragraph.

Okaloosa County shall be listed as a loss payee on all property insurance policies.

c. All aircraft liability and public liability coverage shall be endorsed to include Okaloosa County as Additional Insured. In addition, all insurance policies shall contain a clause that the insurer will not cancel or change the insurance without first giving the COUNTY thirty (30) days prior written notice. Prior to occupying the Leased Premises and annually upon renewal, LESSEE shall furnish COUNTY a Certificate of Insurance evidencing all required insurance. The Certificate(s) of Insurance shall be delivered to the Contracts and Lease Coordinator, 602-C N. Pearl Street, Crestview, FL 32536. On request, LESSEE shall deliver an exact copy of the policy or policies including all endorsements.

SECTION 19: NOTICES

Any and all notices to be given under this LEASE may be served by enclosing the same in a sealed envelope and directed to the other party at its address and deposited in the mail as first class mail with postage therein paid. When so given, such notice shall be effective from the date of mailing. Unless otherwise provided in writing by the parties hereto, the address of the AIRPORT DIRECTOR is as follows: Okaloosa County Airports, 1701 Highway 85 North, Eglin Air Force Base, Florida 32542-1413. The address of the LESSEE is: Rascorp Emerald Coast, Inc., Richard A. Sheldon, 3576 Rosalie Drive, Destin, Florida 32541.

SECTION 20: HOLD HARMLESS

To the fullest extent permitted by law, LESSEE shall indemnify hold harmless COUNTY, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional, wrongful conduct of the LESSEE and other persons employed or utilized by the LESSEE in the performance of this lease.

SECTION 21: BINDING NATURE OF LEASE

This LEASE shall be binding on the assigns, transfers, heirs, executors, successors, and trustees of the parties hereto.

SECTION 22: PROHIBITED ACTIVITY

LESSEE shall not commit or suffer to be committed on said premises, any waste, nuisance, or unlawful act.

SECTION 23: COMMERCIAL ACTIVITY PROHIBITED

No commercial activity of any nature or kind is allowed on the Leased Premises.

SECTION 24: RESTRICTIONS ON MECHANIC'S LIENS

Nothing in this lease shall be deemed or construed in any way as constituting the consent or request of COUNTY, express or implied, by inference or otherwise, to any contractor, sub-contractor, laborer, or materialman for the performance of any labor or the furnishing of any materials for any specific improvement, alteration to, or repair of the demised premises or any part thereof, nor as giving LESSEE and right, power, or authority to contract for or permit the rendering of any services or the furnishing of any materials that would give rise to the filing of any lien against the demised premises or any part thereof. Such liens are hereby strictly prohibited

SECTION 25: TERMINATION BY LESSOR

If LESSEE breaches or violates any of the terms and provisions hereof, COUNTY shall have the right to terminate this LEASE forthwith by giving written notice to LESSEE, and if not corrected within THIRTY (30) days, this LEASE would be terminated and in such event of termination, the improvements thereon would become the property of COUNTY.

SECTION 26: NON-DISCRIMINATION

LESSEE, for its self, its personal representatives, successors, in interest, and assigns, as part of the consideration hereof, does hereby covenant and agree that (1) no person on the grounds of race, color, or national origin shall be excluded from participation in, denied the benefits of, or be otherwise subjected to discrimination in the use of said facilities, (2) that in the construction of any improvements on, over, or under such land and the furnishing of services thereon, no person on the grounds of race, color, or national origin shall be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination, and (3) that LESSEE shall use the premises in compliance with all other requirements imposed by or pursuant to Title 49, Code of Federal Regulation, Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally assisted programs of the Department of Transportation Effectuation of Title VI of the Civil Rights Act of 1964, and as said regulations may be amended.

That in the event of breach of any of the above nondiscrimination covenants, COUNTY shall have the right to terminate the LEASE and to reenter and repossess said land and the facilities thereon, and hold the same as if said LEASE had never been made or issued.

This provision shall not be effective until the procedures of Title 49, Code of Federal Regulations, Part 21, are followed and completed, including exercise or expiration of appeal rights.

SECTION 27: PLACE OF PAYMENTS

All payments and notices to COUNTY shall be given or mailed to the following address:

AIRPORTS DIRECTOR
OKALOOSA COUNTY AIRPORTS
1701 HIGHWAY 85 NORTH
EGLIN AFB, FLORIDA 32542-1413

SECTION 28: CONSTRUCTION AND APPLICATION OF TERMS

The section and paragraph headings in this LEASE are inserted only as a matter of convenience and for reference, and in no way define, limit, or describe the scope or intent of any portion hereof. The parties have participated jointly in the negotiation and drafting of this Lease. In the event an ambiguity or question of intent or interpretation arises, this Lease shall be construed as if drafted jointly by the parties and no presumption or burden of proof shall arise favoring or disfavoring any party by virtue of the authorship of any provisions of this Lease. Both parties have had an opportunity to have their respective legal counselors review this Lease.

SECTION 29: LEGAL DESCRIPTION

Block 5 Lot 2: Commence at the NAIL & DISK "PBSJ LB24", North American Datum 1983 (NAD83), adjustment of 1999, Florida North Zone with a State Plane Coordinates of X=1347219.83, Y=513328.20, located at the terminal end of the Taxiway Echo Control Baseline. Thence run N53°06'31"East, along said Taxiway Echo Control Baseline as monumented, for a distance of 545.99 feet to a point on the existing centerline of Runway 14/32; Thence run N36°52'26"W, along the said centerline of Runway 14/32, for a distance of 1954.08 feet; Thence leaving said centerline of Runway 14/32, run S52°46'43"W, for a distance of 624.75 feet to the POINT OF BEGINNING. From said POINT OF BEGINNING, continue S52°46'43"W for a distance of 64.69 feet; Thence run N36°39'16"W for a distance of 83.45 feet; Thence run N52°46'43"E for a distance of 64.69 feet; Thence run S36°39'16"E for a distance of 83.45 feet to the POINT OF BEGINNING.

Said lands lying in and being a portion of Section 31, Township2 South, Range 22 West, Okaloosa County, Florida, and containing 0.124 acres, more or less.

SECTION 30: RENEWAL OF LEASE

At the end of this initial lease period, all improvements to the property shall become the sole possession of OKALOOSA COUNTY.

a. OPTION TERM:

Provide LESSEE is in compliance with all terms and conditions of this Agreement, LESSEE shall have an option to renew this Agreement with all the same terms and conditions (except for rent) for additional term of twenty (20) years.

b. RENT:

Rent for the additional term shall be established by an independent appraisal conducted by the COUNTY. If LESSEE does not agree with the rental fee established as a result of the independent appraisal, the option to renew shall be null and void and this lease shall terminate. Adjustments will be based upon the provisions of SECTION 7: ESCALATION.

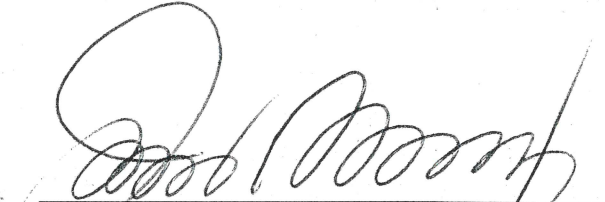
c. NOTICE:

LESSEE shall give COUNTY at least one hundred twenty (120) days written notice prior to the termination of this lease of its intent to exercise the option to renew.

SECTION 31: ENTIRE LEASE

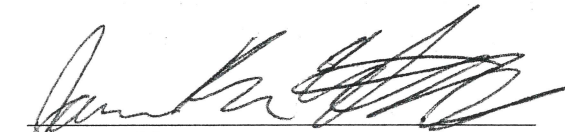
This LEASE consists of the following: Sections 1 to 31. It constitutes the entire LEASE of the parties on the subject matter hereof and may not be changed, modified, discharged, or extended except by written instrument duly executed by COUNTY and LESSEE.

IN WITNESS, the parties hereto have executed these presents as of the day and year first above written.

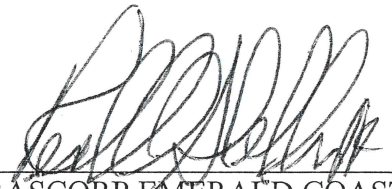


MAKAIRA AIRCRAFT SALES, LLC
JAMES MASSEY
FIRST PARTY

ATTESTS:

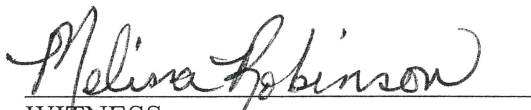


WITNESS



RASCORP EMERALD COAST INC.
RICHARD A. SHELDON
SECOND PARTY

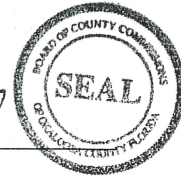
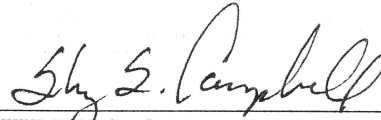
ATTESTS:



WITNESS

This Assignment of Lease is adopted this 18th day of April, 2006.

BOARD OF COUNTY COMMISSIONERS
OKALOOSA COUNTY, FLORIDA

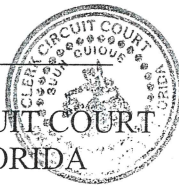


SHERRY S. CAMPBELL
CHAIRMAN

ATTEST:



GARY J. STANFORD
DEPUTY CLERK OF CIRCUIT COURT
OKALOOSA COUNTY, FLORIDA



ACKNOWLEDGMENTS

STATE OF ~~FLORIDA~~ ALABAMA
COUNTY OF ~~OKALOOSA~~
SHELBY

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared JAMES MASSEY who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 24th day of MARCH, 2006, AD.

Stephanie Reeves
NOTARY

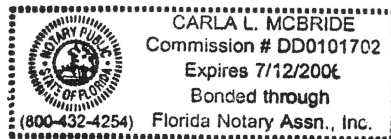
My Commission expires: 07-01-09

STEPHANIE REEVES
MY COMMISSION EXPIRES
07-01-09

STATE OF FLORIDA
COUNTY OF OKALOOSA

Before me, the undersigned officer duly authorized to take acknowledgments in the COUNTY and STATE aforesaid, personally appeared RICHARD A SHELDON who, under oath, deposes and says that he is authorized to execute contracts and lease agreements and that he executed the foregoing instrument for the uses and purposes contained therein.

Sworn and subscribed before me this 30 day of March, 2006, AD.



Carla L. McBride
7/12/2006
NOTARY

My Commission expires: Carla L. McBride