

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
DIVISION OF UNEMPLOYMENT COMPENSATION
BUREAU OF TAX
TALLAHASSEE, FLORIDA 32399-0218
TEL. 904/488-7621

NOTICE OF TAX LIEN

529334

Employer

WELLS BROTHERS INC
2100 GUN RD
CORCORAN FL 32309

Account Number 2202000

Lien Number 5-21000

** JEOPARDY **

Pursuant to the provisions of Section 443.141(3) (a) and (g) Florida Statutes, known as the lien provisions of the Florida Unemployment Compensation Law, notice is hereby given that the above named employer is liable for the payment of contributions to the Unemployment Compensation Fund of Florida. Pursuant to the provisions of said law, the following contributions, interest, penalties, and fees which after demand for payment thereof remain unpaid, and that by virtue of the above mentioned law, the amount of said contributions (taxes) together with interest, penalties, and other costs that may accrue in addition thereto, constitute a lien in favor of STATE OF FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY upon the title to and interest, whether legal or equitable, in any real property, chattels real, or personal property of said employer.

Periods for which contributions, interest, penalties, and fees have been assessed, and the amounts thereof, are as follows:

Q/YR	TAX DUE	INTEREST THROUGH	PENALTY DUE	SERVICE FEE	FILING FEE
1/89	4,356.25	4,356.25	5.00	5.00	5.00

BK3359FG0900

Landy Crawford
Clark Circuit Court
Recorded and Validated in Leon County, FL
Pgs. 1 of 2
Trust Fund 1.00
Stamp-Deed _____
Stamp-Notz _____
Service Chg _____
Kad Fee 5.00
Excise Tx _____
Int Tx _____
Refund _____

TOTAL AMOUNT OF TAX LIEN 4,356.25

WITNESS THE OFFICIAL SEAL OF THE STATE OF FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY, DIVISION OF UNEMPLOYMENT COMPENSATION, at Tallahassee, Florida, this 15th

day of December, A.D. 19 88

(407) 639-5000



This instrument prepared by:

Department of Labor and Employment Security
Caldwell Bldg., Tallahassee, Fla.

AGENCY USE ONLY	
REMIT NO. _____	DATE _____
AMT. \$ _____	DISPOSITION _____
P.M. _____	F.A. _____
REPORTS _____	F.A. NO. _____
F.O. NO. 1-4A	L. ONLY <input checked="" type="checkbox"/> O. INDEBT. <input checked="" type="checkbox"/>