

| ACCOUNT NUMBER | ESCROW CD | MILLAGE CODE |
|----------------|-----------|--------------|
| 2310031 | 999999 | 0000 |

BOWMAN RAYMOND M
5115 S KRIS PT
HOMOSASSA, FL 34446-2254

05115 S KRIS

SASSER OAKS UNIT 2 UNREC SUB LOT 35: COM AT SW
COR OF N1/2 OF N
See Additional Legal on Tax Roll

Scan to pay



Exemptions:
HOMESTEAD

MAILING ADDRESS: 210 N. APOPKA AVE., SUITE 100 • INVERNESS, FL 34450-4298 • (352) 341-6500

| AD VALOREM TAXES | | | | | |
|----------------------------|----------------|------------------|----------------|--------------|--------------|
| TAXING AUTHORITY | ASSESSED VALUE | EXEMPTION AMOUNT | TAXABLE AMOUNT | MILLAGE RATE | TAXES LEVIED |
| Mosquito Control | 58,500 | 25,000 | 33,500 | 0.2367 | 7.93 |
| Schools Discretionary | 58,500 | 25,000 | 33,500 | 0.6670 | 22.34 |
| Schools Capital Outlay | 58,500 | 25,000 | 33,500 | 2.0000 | 67.00 |
| Schools Local Req'd Effort | 58,500 | 25,000 | 33,500 | 6.2760 | 210.25 |
| Hospital | 58,500 | 25,000 | 33,500 | 0.2921 | 9.79 |
| General County | | | | | |
| Fire District | 58,500 | 25,000 | 33,500 | 0.4810 | 16.11 |
| General Fund | 58,500 | 25,000 | 33,500 | 6.2810 | 210.41 |
| Health Dept. | 58,500 | 25,000 | 33,500 | 0.1620 | 5.43 |
| Library | 58,500 | 25,000 | 33,500 | 0.3330 | 11.16 |
| Transportation Trust | 58,500 | 25,000 | 33,500 | 1.2980 | 43.48 |
| SWFWMD Coastal | | | | | |
| Coastal | 58,500 | 25,000 | 33,500 | 0.2350 | 7.87 |
| General | 58,500 | 25,000 | 33,500 | 0.4220 | 14.14 |
| TOTAL | | | | 18.6838 | \$625.91 |

| NON-AD VALOREM ASSESSMENTS | | |
|-----------------------------------|------|---------|
| LEVYING AUTHORITY | RATE | AMOUNT |
| 067 Solid Waste | | 22.00 |
| NON-AD VALOREM ASSESSMENTS | | \$22.00 |

| | | | | | |
|---------------------------------------|---------------------|---|--|--|--|
| COMBINED TAXES AND ASSESSMENTS | \$647.91 | See reverse side for important information. | | | |
| If Postmarked By | Nov 30, 1999 | | | | |
| Please Pay | \$0.00 | | | | |

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| | | | | | |
|-------------------------|---------------------|--|--|--|--|
| If Postmarked By | Nov 30, 1999 | | | | |
| Please Pay | \$0.00 | | | | |

RETAIN THIS PORTION FOR YOUR RECORDS.
WALK-IN CUSTOMERS,
PLEASE BRING FOR RECEIPT.

RETURN WITH PAYMENT.

DO NOT WRITE ON BOTTOM PORTION