



CONFIDENTIAL

Please Reply to:
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**REAL PROPERTY INCOME AND EXPENSE RETURN
 SPECIAL USE PROPERTIES**

MINING OPERATION			
PROPERTY NAME AND MAILING ADDRESS Parcel ID: _____		NAME OF MINE: _____	
		COMMENCED ON WHAT DATE? _____	
		DATE INCOME RECEIVED FROM _____ TO _____	
		WHAT PERCENT HAS BEEN MINED? _____ %	
TYPE OF MINE <input type="checkbox"/> FILL DIRT <input type="checkbox"/> SAND <input type="checkbox"/> CLAY <input type="checkbox"/> LIMEROCK <input type="checkbox"/> OTHER _____	PERMITTED FOR _____ ACRES _____ CUBIC YARDS _____ DEPTH _____ TIME LIMIT	ANY EQUIPMENT OWNED? <input type="checkbox"/> YES <input type="checkbox"/> NO OWNER NAME / ADDRESS _____ _____ _____	WHEN MINING IS COMPLETE, MINE WILL BE CONVERTED TO: <input type="checkbox"/> POND/LAKE <input type="checkbox"/> PASTURE <input type="checkbox"/> REC AREA <input type="checkbox"/> LANDFILL <input type="checkbox"/> GOLF COURSE <input type="checkbox"/> OTHER _____
_____ <p align="center">SIGNATURE</p> _____ / _____ / _____ <p align="center">DATE</p> (_____) _____ - _____ <p align="center">DAY TIME PHONE NUMBER</p> <p align="center">*SIGNATURE IS REQUIRED</p>		WHAT WAS THE TOTAL NUMBER OF CUBIC YARDS OF FILL REMOVED DURING EACH OF THE PAST THREE YEARS AND AT WHAT DOLLAR AMOUNT PER YARD? 2014 _____ CUBIC YARDS @ \$ _____ PER CUBIC YARD 2015 _____ CUBIC YARDS @ \$ _____ PER CUBIC YARD 2016 _____ CUBIC YARDS @ \$ _____ PER CUBIC YARD	
COMMUNICATION TOWER SITE			
TERMS OF LEASE FROM _____ 200__ TO _____ 200__		AREA COVERED BY LEASE _____ AC./SF.	
TOWER OWNER (LESSEE): _____		ADDRESS OF TOWER OWNER (LESSEE): _____ _____	
TOWER TYPE <input type="checkbox"/> RADIO <input type="checkbox"/> MICRO-WAVE <input type="checkbox"/> PAGER <input type="checkbox"/> CELL PHONE <input type="checkbox"/> OTHER _____	LIST # OF TOWERS _____ _____ _____	TOWER HEIGHT _____ FEET _____ FEET _____ FEET	ANNUAL RENT PER TOWER \$ _____ \$ _____ \$ _____
TOTAL ANNUAL INCOME COLLECTED		\$ _____	
TOTAL ANNUAL EXPENSES (LIST SEPERATELY IF NECESSARY)		\$ _____	
<input type="checkbox"/> CHECK HERE IF EXPENSES ARE THE RESPONSIBILITY OF THE LESSEE.			
NET OPERATING INCOME		\$ _____	

NOTE: ATTACH ADDITIONAL SHEETS IF NECESSARY