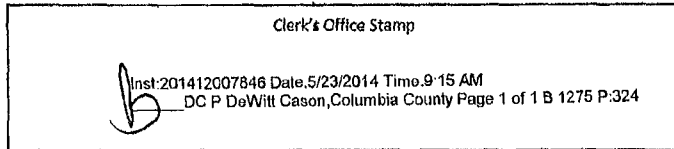


NOTICE OF COMMENCEMENT

Tax Parcel Identification Number

33-38-17-06574-000



THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes the following information is provided in this NOTICE OF COMMENCEMENT

1. Description of property (legal description)
 - a) Street (job) Address 144 S.E. Montrose Ave.
2. General description of improvements roof replaced
3. Owner Information
 - a) Name and address Tabernacle Baptist Church
 - b) Name and address of fee simple titleholder (if other than owner) _____
 - c) Interest in property _____
4. Contractor Information
 - a) Name and address Robert Beckner - Green Roofing's
 - b) Telephone No 941 412 4047 Fax No. (Opt) 941 484 1322
5. Surety Information
 - a) Name and address _____
 - b) Amount of Bond _____
 - c) Telephone No _____ Fax No. (Opt) _____
6. Lender
 - a) Name and address _____
 - b) Phone No. _____
7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served
 - a) Name and address _____
 - b) Telephone No _____ Fax No. (Opt.) _____
8. In addition to himself owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b) Florida Statutes
 - a) Name and address _____
 - b) Telephone No _____ Fax No. (Opt.) _____
9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a different date is specified) _____

WARNING TO OWNER. ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

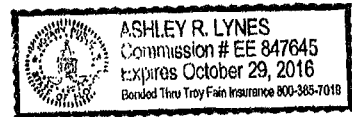
STATE OF FLORIDA
COUNTY OF COLUMBIA

10. [Signature]
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
Michael Norman
Printed Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 21 day of may, 2014, by Michael Norman as Agent (type of authority, e.g. officer, trustee, attorney fact) for Tabernacle Baptist Church of Lake City (name of party on behalf of whom instrument was executed).

Personally Known OR Produced Identification _____ Type _____

Notary Signature Ashley R Lynes Notary Stamp or Seal



--AND--

I, the undersigned, being duly sworn, do hereby certify that the facts stated in it are true to the best of my knowledge and belief.

[Signature] Notary
Signature of Natural Person Signing (in line #10 above)