NOTICE OF COMMENCEMENT

[illegible]

[illegible] NOTICE OF COMMENCEMENT

1. Description of property (legal description): 11-4S-17-08320-101
   (Street (job) Address: 572 SE Nature Dr. Lake City, FL 32025
2. General description of improvement: [illegible]
3. Owner information or lessee information if the lessee contracted for the improvements:
   a) Name and address: Jack Logan 572 SE Nature Dr. Lake City, FL 32025
   b) Name and address of fee simple titleholder (if other than owner): _____
   c) Interest in property: Owner
4. Contractor Information
   a) Name and address: CHAD CUNNINGHAM [illegible]
   b) Telephone No.: [illegible]
5. Surety information (if applicable, a copy of the payment bond is attached):
   a) Name and address: _____
   b) Amount of Bond: _____
   c) Telephone No.: _____
6. Lender:
   a) Name and address: _____
   b) Phone No. _____
7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
   a) Name and address: _____
   b) Telephone No.: _____
8. In addition to himself or herself, 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: CHAD CUNNINGHAM OF PEELER POOLS OF NORTH FLORIDA
   b) Telephone No.: 386-755-2848
9. Expiration date of Notice of Commencement (the expiration date will be 1 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

Logan Jack
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager

LOGAN JACK / OWNER
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me, a Florida Notary, this 28 day of Feb, 20 26 by Logan Jack (Name of Person) as owner (Type of Authority) for 572 SE Nature Dr. Lake City, FL (name of party on behalf of whom instrument was executed)

Personally Known ____ OR Produced Identification X Type State Issued ID

Notary Signature: Katherine Cunningham

KATHERINE CUNNINGHAM
Notary Public
State of Florida
Comm# HH447515
Expires 9/25/2027

Not. Stamp or Seal

KATHERINE CUNNINGHAM
Notary Public
State of Florida
Comm# HH447515
Expires 9/25/2027