

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

33-3S-17-06574-000

Clerk's Office Stamp

Inst:201412007846 Date:5/23/2014 Time:9:15 AM
DC P DeWitt Cason,Columbia County Page 1 of 1 B 1275 P:324

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 Rescue Beckner - Green Roofing &

b) Telephone No 941 412 4047

Fax No. (Opt) 941 484 1322

34275

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

7.3.13(l)(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 of Owner or Owner's Authorized Office/Director/Partner/Manager

Michael Norman

Printed Name

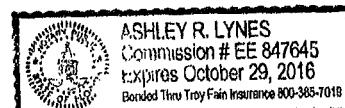
The foregoing instrument was acknowledged before me, a Florida Notary, this 21 day of May, 20 14, by

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--



¹¹ Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Mike Norman Porter
Signature of Natural Person Signing (in line #10 above)