NOTICE OF COMMENCEMENT Clerk's Office Stamp Tax Parcel Identification Number: hst 201312012333 Date 8/13/2013 Time 12 42 PM DC P DeWitt Cason, Columbia County Page 1 of 1 B 1259 P 1980 18-75-16-04236-089 THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 719.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT. 1. Description of property (legal description): 10+ 14 Codo / Somo a) Street (Job) Address: 108 Burgundy Ln Fillula 2. General description of improvements: _ 3. Owner Information a) Name and address: Howard + Kuth Zablo 4108 Burgundy Cn F. White Fe 32038 b) Name and address of fee simple titleholder (if other than owner) o) Interest in property_ 4. Contractor Information a) Name and address: Don Rood Construction b) Telephone No.: 38/2-750-407.3 5. Surety information a) Name and address: b) Amount of Bond: c) Telephone No.: 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.:____ B. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(I)(b), Florida Statutes: a) Name and address: b) Telephone No.: 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 Authorized Office/Director/Partner/Manager Printed Name The foregoing instrument was acknowledged before me , a Florida Notary, this (type of authority, e.g. officer, trustee, attorney (name of party on behalf of whom instrument was executed) Personally Known QR Produced Identification Notary Signature . 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.

Signature of Natural Person-Signing (in line #10 above.)