

Columbia
County

47

201212008521 Date: 6/5/2012 Time: 10:49 AM
DC, P. DeWitt Cason, Columbia County Page 1 of 1 B:1235 P:2732

NOTICE OF COMMENCEMENT

This Instrument Prepared By:

Name: MIKE BENNETT

Address: PO BOX 387 Newberry, FL 32669

Permit No: _____

Tax Folio No: 00-00-00-14210-000

STATE OF: FLORIDA

COUNTY OF: ALACHUA

THE UNDERSIGNED HEREBY gives notice that Improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. DESCRIPTION OF PROPERTY: Street Address: 18112 SW SR 47 Ft. White FL

Legal Description: _____

2. GENERAL DESCRIPTION OF IMPROVEMENT(S): roof over, metal building, commercial

3. OWNER INFORMATION: a.) Name: Ft. White True Value Hardware

Address: 18112 SW SR 47 Ft. White FL 32038

b.) Interest in Property: Owner

c.) Fee Simple Titleholder (if other than owner) Name: N/A Ft. White Hardware LLC

Address: Santa

4. CONTRACTOR: a.) Name: MAC JOHNSON ROOFING Inc. Address: PO BOX 387 Newberry, FL 32669 b.) Phone: 352-472-4943

5. SURETY: a.) Name: N/A

Address: _____

b.) Amount of bond \$: N/A

c.) Phone: _____

6. LENDER: a.) Name: N/A

Address: _____

b.) Phone: _____

7. Persons 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: N/A

Address: _____

b.) Phone: _____

8. In addition to himself, Owner designates the following person(s) to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

a.) Name: N/A

Address: _____

b.) Phone: _____

9. Expiration date of notice of commencement (the expiration date is one (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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. FL BR # BC20 695 41085 0

X

Signature of Owner or Owner's Authorized Officer/Director
Partner/Manager

Signatory's Title/ Office _____

The foregoing instrument was acknowledged before me this _____ day of _____ (year)

by _____ (name of person) as _____ (type of authority, e.g. officer,

trustee, attorney in fact) for _____ (name of party on behalf of whom instrument was executed).



Signature of Notary Public - State of Florida

Commission Number: _____

Personally Known _____ or Produced Identification X FL: BC20 695 41085 0

Verification Pursuant to Section 92.52, 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.

X

Signature of Natural Person Signing Above

cc County

NOTICE OF COMMENCEMENT

This Instrument Prepared By:

Name: MIKE BENNETT

Address: PO BOX 367 Newberry, FL 32669

Permit No:

Tax Folio No: 00-00-00-14310-000

STATE OF: FLORIDA

COUNTY OF: ALACHUA

THE UNDERSIGNED HEREBY gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. DESCRIPTION OF PROPERTY: Street Address: 18112 SW SR 47 Ft. White, FL

Legal Description:

2. GENERAL DESCRIPTION OF IMPROVEMENT(S): roof over, metal building, commercial

3. OWNER INFORMATION: a.) Name: Ft White True Value Hardware

Address: 18112 SW SR 47 Ft. White, FL 32669

b.) Interest in Property: OWNER

c.) Fee Simple Titleholder (if other than owner) Name: N/A Ft White Hardware LLC

Address: same

4. CONTRACTOR: a.) Name: MAC JOHNSON ROOFING Inc Address: PO BOX 367 Newberry, FL 32669

b.) Phone: 352-472-4943

5. SURETY: a.) Name: N/A

Address:

b.) Amount of bond \$: N/A

c.) Phone:

6. LENDER: a.) Name: N/A

Address:

b.) Phone:

7. Persons 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: N/A

Address:

b.) Phone:

8. In addition to himself, Owner designates the following person(s) to receive a copy of Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

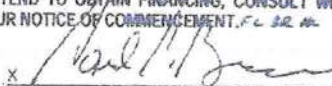
a.) Name: N/A

Address:

b.) Phone:

9. Expiration date of notice of commencement (the expiration date is one (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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. FL 32 SR 47 PG 20 695 410550

x 
Signature of Owner or Owner's Authorized Officer/Director
Partner/Manager

Signatory's Title/ Office

The foregoing instrument was acknowledged before me this ____ day of ____ (year)

by ____ (name of person) as ____ (type of authority, e.g. officer, trustee, attorney in fact) for ____ (name of party on behalf of whom instrument was executed).



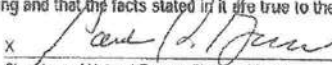
Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public

Commission Number:

Personally Known or Produced Identification X FL 32 SR 47 PG 20 695 410550

Verification Pursuant to Section 92.52, 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.

x 
Signature of Natural Person Signing Above