NOTICE OF COMMENCEMENT

Clerk's Office Stamp

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Tax Parcel Identification Number.

11-45-16-02905-135

Inst 201412000107 Date 1/6/2014 Time 11 42 AM

DC P DeWitt Cason Columbia County Page 1 of 1 B 1267 P 2265

TH 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. on Description of property (legal description): woodcrest sub Lot 35 Block A 11 a) Street (job) Address. Shingles 2 General description of improvements: Naney Adams, 1195W Humming bird Gln., Lake City, A 32024 b) Name and address of fee simple titleholder (if other than owner) L) Interest in property_ 4 Contractor Information a) Name and address: RCRA Johnson Roofing, Inc., 8499 NWLK Jeffen Rd., Lake City, KC 32055 b) Telephone No 5 Surety Information a) Name and address b) Amount of Bond Fax No. (Opt) c) Telephone No 6 Lender a) Name and address: 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. 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(I)(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 Signature of Owner or Owner's Authorized Office/Director/Partner/Manager Printed Name The foregoing instrument was acknowledged before me, a Florida Notary, this _ _day of __DECEMBER (type of authority, e.g. officer, trustee, attorney fact) for____ _(name of party on behalf of whom instrument was executed). Personally Known OR Produced Identification / Type FL **PENNY SKINNER** Notary Public - State of Florida Notary Signature Notary Stamp or Seal My Comm. Expires Apr 30, 2016 Commission # EE 194027 ---AND

11 Verification pursuant to Section 92 525, Florida Statutes Under penalties of perjury, I declare that mave read the foregoing and that

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

the facts stated in it are true to the best of my knowledge and belief