

NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Tax Parcel Identification Number

12-65-16-03816-109

B

Inst 201412006133 Date 4/28/2014 Time 9 03 AM DC P DeWitt Cason Columbia County Page 1 of 1 B 1273 P 1403

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 359 SW EXPLORER GLEN FORT WHITE FL 32038

2 General description of improvements ROOF REPLACEMENT

3 Owner Information

a) Name and address JOHN & ROBERTA STEM 359 SW EXPLORER GLEN FT. WHITE 32038

b) Name and address of fee simple titleholder (if other than owner)

c) Interest in property

4 Contractor Information

a) Name and address ROBBIES ROOFING INC.

b) Telephone No 386-755-5137 Fax No (Opt)

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

73.13(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

10 [Signature] Signature of Owner or Owner's Authorized Office/Director/Partner/Manager

JOHN W. STEM Printed Name

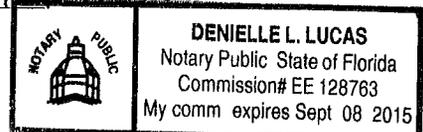
The foregoing instrument was acknowledged before me, a Florida Notary, this 21st day of April, 2014, by

Denielle L. Lucas as Notary (type of authority, e.g. officer, trustee, attorney

fact) for John W. Stem (name of party on behalf of whom instrument was executed)

Personally Known OR Produced Identification Type FL-DL#S350-479-412-013-0 exp: 2/3/2015 12/14/11

Notary Signature [Signature] Denielle L. Lucas 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)