NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

28351602372438

Clerk's Office Stamp

Inat 201212011471 Date:8/2/2012 Time:11:18 AM DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:1239 P:552

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): 28 35/60 2372.438	
a) Street (job) Address: 2. General description of improvements: Roxor meral	VZHEKDR
2. deficial description of improvements.	×
a) Name and address: Allen Fouraker	450 NW Zack DR LC
 b) Name and address of fee simple titleholder (if other than owner) 	
c) Interest in property	
4. Contractor Information a) Name and address: Don Reed Construction, b) Telephone No.: ZZ 30 SE BAYA OR LAKE CITY FL 3202	Inc 152-4072
b) Telephone No.: 22305EBAVA OR	Fax No. (Opt.) 755-7272
5. Surety Information LAKE CITY FL 3202 ii) Name and address:	~
b) Amount of Bond:	
c) Telephone No.:	Fax No. (Opt.)
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.:	Fax No. (Opt.)
8. In addition to himself, owner designates the following person to receive a copy 73.3.13(I)(b), Florida Statutes:	of the Lienor's Notice as provided in Section
a) Name and address:	
b) Telephone No.:	Fax No. (Opt.)
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.	
COUNTY OF COLUMBIA 10.	or Owner's Authorized Office/Director/Partner/Manager
Marie Company of the	
Printed Name	Tourakere
The foregoing instrument was acknowledged before me , a Florida Notary, this	5 + 11/4 = 12 =
The foregoing instrument was acknowledged before me, a Florida Notary, this	day of total 20 1 by:
as	(type of authority, e.g. officer, trustee, attorney
fact) for Allen Jourakie	(name of part on benefit of whom also since
Personally KnownOR Produced IdentificationType	Malary Public - State of Florida
Notary Signature Sciency Aled Notary St. —AND—	amp or Seal:
11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, Leedare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.	
MIT	
Signature of Natural Person Signing (in line #10 above.)	