## NOTICE OF COMMENCEMENT

Clerk's Office Stamp

**Tax Parcel Identification Number** 

24-45 15-00384-005

Inst.201312005416 Date 4/9/2013 Time 4 28 PM

\_\_\_\_DC P DeWitt Cason Columbia County Page 1 of 1 B 1252 P 1919

TH<sup>c</sup> 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** 

L De cription of property (legal description). FAI	RUAS 24-45-15-0	0384-005
1) Street (job) Address 6989 Sw	CR 242 LAKE CITY	FL 32024
? General description of improvements.		
3 Owner Information	and the same of th	and a second second
		6989 SW LR 242 LAKEC
<ul> <li>b) Name and address of fee simple titlehold</li> </ul>	er (if other than owner)	
c) Interest in property		
1 Contractor Information	Find N9 628	5 21 13/2 Jan / 1 2 0 6/1
a) Name and address A O O O	6 1 7 5 No 10 10 10 10 10 10 10 10 10 10 10 10 10	5 W. Blanton La. L. c. Fl.
	Fax No (Op	[.]
5 Surety Information  i) Name and address		
b) Amount of Bond	$\wedge$	
c) Telephone No	Fax No. (Or	ot.)
5 Lender	, at an and to to	
a) Name and address		
b) Phone No		
7 Identity of person within the State of Florida des gn	ated 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	ng person to receive a copy of the Lienor's I	Notice as provided in Section
7 3 1.3(I)(b) Florida Statutes		
a) Name and address		
b) Telephone No	rax No (Op	ot )
9 Expiration date of Notice of Commencement (the e is specified)		recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE BY TH IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, IMPROVEMENTS TO YOUR PROPERTY, A NOTICE OF INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, YOUR NOTICE OF COMMENCEMENT.	, SECTION 713.13, FLORIDA STATUTES, AND COMMENCEMENT MUST BE RECORDED AN , CONSULT YOUR LENDER OR AN ATTORNEY	O CAN RESULT IN YOUR PAYING TWICE FOR ID POSTED ON THE JOB SITE BEFORE THE FIRST Y BEFORE COMMENCING WORK OR RECORDING
STATE OF FLORIDA COUNTY OF COLUMBIA	10 Signature of Owner or Owner's Auth	er
	Signature of Owner or Owner's Auth	orized Office/Director/Partner/Manager
	GARY L SWEA	
		ININGEN
	Printed Name	1 . 1
The foregoing instrument was acknowledged before me ,	a Florida Notary, this day of	ADTI , 20 13 , by
<i>i</i>	•	20 13
Gary L. Swearingen as	<u>owner</u>	(type of authority, e.g. officer, trustee, attorney
fact) for	(name of pa	rty on behalf of whom instrument was executed).
	r: 4	
Personally Known OR Produced Identification	Type The Anotary Stamp or Seal	CHERIE A. BRUNGARDT Commission # EE 191843 Expires April 23, 2016
Notary Signature Cherie A.Brung	CLICH NOTARY STAMP OF SEAL	Bonded Thru Troy Faln Insurance 800-385-7019

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