

NOTICE OF COMMENCEMENT

Clerk's Office Stamp
 Inst 201412004589 Date: 4/1/2014 Time 2:53 PM DC, P DeWitt Cason Columbia County Page 1 of 1 B 1271 P 2674

Tax Parcel Identification Number

01-55-16-03398-000

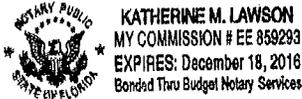
THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes the following information is provided in this NOTICE OF COMMENCEMENT

- 1 Description of property (legal description) 01-55-16  
a) Street (job) Address 2502 Little Rd LAKE CITY FL
- 2 General description of improvements Re-ROOF
- 3 Owner Information  
a) Name and address FIA BAPTIST CONVENTION INC  
b) Name and address of fee simple titleholder (if other than owner) \_\_\_\_\_  
c) Interest in property OWNER
- 4 Contractor Information  
a) Name and address CARY JOHNSON CONST. INC  
b) Telephone No 386-961-3031 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 713.13(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 Alan D Hammock Pastor  
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager



Alan D Hammock Pastor  
Printed Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 31 day of MARCH, 2014, by KATHERINE M. LAWSON as NOTARY (type of authority, e.g. officer, trustee, attorney fact) for ALAN D. HAMMOCK - PASTOR (name of party on behalf of whom instrument was executed).

Personally Known  OR Produced Identification \_\_\_\_\_ Type \_\_\_\_\_

Notary Signature [Handwritten Signature] Notary Stamp or Seal

