NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

03-55-17-09/58-000

Clerk's Office Stamp

nt 201212016802 Date:10/24/2012 Time:2:54 PM DC.P. DeWitt Cason, Columbia County Page 1 of 1 B:1243 P:1612

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:	
2. General description of improvements:	
3. Owner Information	
a) Name and address:	
b) Name and address of fee simple titleholder (if other than owner) 397.5 W Ourons	Dudate
4. Contractor Information	- Lake
a) Name and address: Robbie's Rooking 6285.w. 13/4.7. b) Telephone No.: 386-755-5137 Fax No. (Opt.)	on L.N. Fly
b) Telephone No.: 386 - 135 - 3737 Fax No. (Opt.) 5. Surety Information	
a) Name and address:	
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(I)(b), Florida Statutes: a) Name and address:	
b) Telephone No.: Fax No. (Opt.)	
rax No. (Opt.)	
9. Expiration date of Notice of Commencement (the expiration date is one year from the date of recording unless a c is specified):	lifferent date
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMEN IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOU IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JUNSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCE YOUR NOTICE OF COMMENCEMENT.	JR PAYING TWICE FOR OB SITE BEFORE THE FIRST
STATE OF FLORIDA 1 0	
COUNTY OF COLUMBIA 10. (T) O COLOR STATES	
Signature of Owner or Owner's Authorized Office/Director	/Partner/Manager
Eleanor Estess	
Printed Name	
The foregoing instrument was acknowledged before me, a Florida Notary, this	12 .
9/100000	, 20 / , bv:
as ()(()) () (type of authority, e.e.	officer trustee attorney
	. officer, trustee, attorney
fact) for Eleanor Estess (name of party on behalf of whom	
fact) for Eleanor Estess (name of party on behalf of whom Personally Known OR Produced Identification Type FL License	
Personally Known OR Produced Identification Type Licen Se	
Personally Known OR Produced Identification Type Clicense Notary Signature Notary Stamp or Seal:AND	n instrument was executed).
Personally Known OR Produced Identification Type It License Notary Signature Rose Notary Stamp or Seal: AND 11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have real	n instrument was executed).
Personally Known OR Produced Identification Type Clicense Notary Signature Notary Stamp or Seal:AND	n instrument was executed).
Personally Known OR Produced Identification Type It License Notary Signature Rose Notary Stamp or Seal: AND 11. Verification pursuant to Section 92.525, Florida Statutes. Under penalties of perjury, I declare that I have real	n instrument was executed).