

NOTICE OF COMMENCEMENT

This instrument prepared by:

Name: Jennifer Ogles
Address: 505 Goble Rd

Permit No:

Tax Folio No: 465-481-578

STATE OF: Florida

COUNTY OF: Columbia

THE UNDERSIGNED HEREBY gives notice that improvement(s) will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. DESCRIPTION OF PROPERTY: Street Address: 10279 SW Tuskenygee Rd.

Legal Description: DS-16-17-09607-004

2. GENERAL DESCRIPTION OF IMPROVEMENT(S): new roof

3. OWNER INFORMATION: a.) Name: Jessica Giddard Address: 10279 SW Tuskenygee

b.) Interest in Property: SLP Address:

c.) Fee Simple Titleholder (if other than owner) Name: Address: b.) Phone: 386-591-4611

4. CONTRACTOR: a.) Name: Robert Ogles Address: 505 Goble Rd b.) Phone:

5. SURETY: a.) Name: N/A Address:

b.) Amount of bond \$: N/A c.) Phone:

6. LENDER: a.) Name: Address: b.) Phone:

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(b) 7., Florida Statutes:

a.) Name: Address: N/A b.) Phone:

8. In addition to himself, Owner designates the following person(s) to receive a copy of Lender's Notice as provided in Section 713.13(1)(b), Florida Statutes.

a.) Name: Address: N/A b.) Phone:

9. Expiration date of notice of commencement (the expiration date is one (1) year from the date of recording unless a different date is specified.) 4-8-2023

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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

[Signature]

Signature of Owner or Owner's Authorized Officer/Director
Partner/Manager

Signatory's Title/Office Contractor

The foregoing instrument was acknowledged before me this 17th day of January, 2023 (year)
by Robert Ogles (name of person) as Contractor (type of authority, e.g. officer,
trustee, attorney in fact) for Jessica Giddard (name of party on behalf of whom instrument was executed).



AMITY SHAW
Notary Public
State of Florida
Comm# H4334319
Expires 11/21/2026

[Signature]
Shaw is a Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public
Commission Number: H4334319
Personally Known or Produced Identification

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]

Signature of Natural Person Signing Above