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NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Signature of Natural Person Signing (in line #10 above.)

Tax Parcel Identification Number:

0745 1708107029

net:201212011466 Date:8/2/2012 Time:11:18 AM DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:1239 P:547

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): 079a) 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) c) Interest in property_ 4. Contractor Information Don Reed Construction, Inc. a) Name and address: _ 2230 SE Baya Drive b) Telephone No.: 5. Surety Information Lake City, FL 32025 a) 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 of the Lienor's Notice as provided in Section 73.3.13(I)(b), Florida Statutes: a) Name and address: b) Telephone No.: 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 Printed Name The foregoing instrument was acknowledged before me, a Florida Notary, this (type of authority, e.g. officer, trustee, attorney fact) for (name of party on behalf of whom instrument Commission # EE 87179 OR Produced Identification Personally Known My Comm. Expires Apr 24, 2015 Motary Public - State of Florida **Notary Signature** Notary Stamp or Seal: -AND 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,