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NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

Clerk's Office Stamp

Inst:201212007989 Date:5/24/2012 Time:12:52 PM

BC.P.DeWitt Cason,Columbia County Page 1 of 2 B:1235 P:1106

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): See Attached 14Hibit A
1. Description of property (legal description): See Attached Sthibit A a) Street (job) Address: 7443 west US 90 Lake City FL 3.2024 2. General description of improvements: Installation of Portable Classroom Building
3. Owner Information
a) Name and address: Linnie M. Jardan 7443 west US 90 lake Cty FC 3202 b) Name and address of fee simple titleholder (if other than owner)
c) interest in property
a) Name and address: William Scott 780 Sw Rige St Lake City FL 32024 b) Telephone No.: 382-365-)222 Fax No. (Opt.) 384-755-2873 5. Surety Information
b) Telephone No.: 382-365-1222 Fax No. (Opt.) 382-765-2007
5. Surety Information
a) Name and address:
b) Amount of Bond: c) Telephone No.: Fax No. (Opt.)
o. cender
a) Name and address: Dione b) Phone No.
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: KOBERT F JOYGON 934 NB JAKE DESOTS CIRCLE LAKE CHY? b) Telephone No.: 386-755-3456 Fax No. (Opt.) 386-758-2021
b) Telephone No.: 386-755-3456 Fax No (Ont)
FOX 190. (Opt.) 382 138 2021
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.)
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 CONTINUED TO 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
INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
STATE OF FLORIDA
COUNTY OF COLUMBIA
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
of the distribution of the
Printed Name Printed Name
The foregoing instrument was acknowledged before me , a Florida Notary, this
Linnie F. Torchin . Chinas
Linnie F. Jordon as Owner (type of authority, e.g. officer, trustee, attorney fact) for
(name of party on behalf of whom least
Personally Known OR Produced Identification Type SHERRY S. SAVITZ
Notary Signature Shery Seets Notary Stamp or Seal: Notary Signature Signature Shery Seets August 4, 2012 Bonded Thru Troy Fein Insurance 800-385-7019
Notary Stamp or Seal:
11. Verification pursuant to Section 93 535 51-11-6
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.
and belief.
(TOMMAN)
Signature of Natural Person Signing (in line #10 above.)
(in time #10 above.)