NOTICE OF COMMENCEMENT

|  | NOTICE OF COMMENCEMENT  | Clerk's Office Stamp  |  |
|--|---|---|--|
|  | Tax Parcel Identification Number:   | Ind 201312007431 Date 5/15/2013 Time:11 14 AM<br>DC,P DeWitt Cason, Columbia County Page 1 of 1 B 1254 P.1913 |  |
|  | 30-75-17-10058-670  |   |  |
|  | 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.   |   |  |
|  | Description of property (legal description):     a) Street (job) Address:   |   |  |
|  | 2. General description of improvements: RE-Ro   | DOF   |  |
|  | 3. Owner Information  a) Name and address SALY - SNERRY MEEKS 469 SW MAPLETON ST FEW HITCE  b) Name and address of fee simple titleholder (if other than owner)  c) Interest in property  |   |  |
|  | 5. Surety Information   | N SIGNATURE RODFING TAX2933 FAX NO. (Opt.) #HIGH SPRINGS  |  |
|  | a) Name and address: b) Amount of Bond:   |   |  |
|  |   | Fax No. (Opt.)  |  |
|  | a) Name and address: 6 / / / b) Phone No.   |   |  |
|  |   |   |  |
|  | 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.)  |  |
|  | 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 723, 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  | * Coan f. Meets   |  |
|  | Signature of Owner or Owner's Authorized Office/Director/Partner/Manager  ARY L. WEEKS  Printed Name  |   |  |
|  |   |   |  |
|  | The foregoing instrument was acknowledged before me, a Flor   | 12 000  |  |
|  | Gary Meeks "  | (type of authority, e.g. officer, trustee, attorney   |  |
|  | fact) for(name of party on behalf of whom instrument was executed).   |   |  |
| Personally Known OR Produced Identification Type   |   |   |  |
|  | Notary Signature Shelly Ci. Cornelle  | Notary Stamp or Seal: My Commission EE 178145 Expires 06/08/2016  |  |
| STATE OF FLORIDATE BY STATE OF SECTION OF SE |   |   |  |
| By J   | Deguty Clerk 5-15-13  |   |  |
| Date:  | b - 19 19   | munimus.  |  |