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NOTICE OF COMMENCEMENT	AL 201212013693 (12th 9413/2012 Time 11 00 AM
This Instrument Prepared By: Name: MIKE BENNETT	DC,P.DeWitt	Date 9/13/2012 Time:11:00 AM Cason, Columbia County Page 1 of 1 B 1241 P:1394
Address: P.O. BOX 367 NEWBERRY		
Permit No:		
Tex Folio No: 10-75-17-09977-03	94	
COUNTY OF: COlumbia		
THE UNDERSIGNED HEREBY gives notice that improver Statutes, the following information is provided in this Notice	e of Commencement.	. 0
1. DESCRIPTION OF PROPERTY: Street Address:	82 SE DOWNING P. 1	ich Soning 5+1. 32643
Legal Description: Lot 13 Downing Acres		
2. GENERAL DESCRIPTION OF IMPROVEMENT(S):	stood rootonicin burns	N 533.964 8373 SIOH LIYED
3. OWNER INFORMATION: a.) Name: Wichael	Marcia Brinker Admin	782 Se Donni in On High Soring
b.) Interest in Property:	AUG 655	100 St. Daniel Dr. Hall Chillips !
c.) Fee Simple Titleholder (if other than owner) Name:	Address:	
4. CONTRACTOR: a.) Name: MAC JOHNSON ROOF	ING IN Address: PO BOX 367 NEWBE	STY FL b.) Phone: 352-472-4943
	Address:	4 10 44
b.) Amount of bond \$:		
6. LENDER: a.) Name: N/A	Address:	b.) Phone:
7. Persons within the State of Florida designated by O 713.13(1)(a) 7., Florida Statutes:	wner upon whom notices or other docume	onts may be served as provided by Section
a.) Name: N/A		D./ 1 1101/6
8. In addition to himself, Owner designates the following Florida Statutes.	ng person(s) to receive a copy of Liener's	Notice as provided in Section 713.13(1)(4).
a.) Name: N/A Ad	fdmax:	
9. Expiration date of notice of commencement (the exp		
specified.)		
WARNING TO OWNER: ANY PAYMENTS MADE BY I CONSIDERED IMPROPER PAYMENTS UNDER CHAPTI PAYING TWICE FOR IMPROVEMENTS TO YOUR PRO THE JOB SITE BEFORE THE FIRST INSPECTION. II ATTORNEY BEFORE COMMENCING WORK OR RECOR	ER 713, PART I, SECTION 713.13, FLAMM PERTY. A MOVICE OF COMMERCEMENT F YOU OFFERD NO CONTAIN FRANCESS.	
	VMADLB.	1
	Signature of Owner or Owner's A	official OfficerOscater
	Partner/Manager	1
The foregoing instrument was acknowledged before me th	Partner/Manager Signatory's Title/ Office its 31 st	(year)
by CHRIS W. Cox (name	Painter/Manager Signatory's Title/ Office is 31 day of	REP(type of authority, e.g. officer,
	Painter/Manager Signatory's Title/ Office is 31 day of	000
trustee, attorney in fact) for	Painter/Manager Signatory's Title/ Office is 31 day of	REP,(type of authority, e.g. officer,
trustee, attorney in fact) for (name trustee, attorney in fact) for Corris W. Cox	Partner/Manager Signatory's Title/ Office its 3/3 day of	(type of authority, e.g. officer, half of whom instrument was executed).
trustee, attorney in fact) for	Partner/Manager Signatory's Title/ Office	(type of authority, e.g. officer, half of whom instrument was executed). Of Florida ed Name of Notary Public
trustee, attorney in fact) for (name trustee, attorney in fact) for Carris W. Cox Commission # DD828525 Expires: OCT. 06, 2012	Partner/Manager Signatory's Title/ Office ils 3/ day of	half of whom instrument was executed). of Florida ed Name of Notary Public
trustee, attorney in fact) for	Partner/Manager Signatory's Title/ Office als 3/3T day of	half of whom instrument was executed). Of Florida led Name of Notary Public 3 5 3 5 5 d Identification
trustee, attorney in fact) for	Partner/Manager Signatory's Title/ Office Its 3/ day ofAUGUST20/. of person) asCVM PM-V Y (name of party on be Signature of Notary Public - State Print, Type, or Stamp Commission Commission Number:DDS. Personally Known or Produce	half of whom instrument was executed). Of Florida led Name of Notary Public 25 5 5 5 d Identification
trustee, attorney in fact) for	Partner/Manager Signatory's Title/ Office Its 3/ day ofAUGUST20/. of person) asCVM PM-V Y (name of party on be Signature of Notary Public - State Print, Type, or Stamp Commission Commission Number:DDS. Personally Known or Produce	half of whom instrument was executed). Of Florida led Name of Notary Public 25 5 5 5 d Identification
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