Inst. Number: 201312010155 Book: 1257 Page: 1575 Date: 7/5/2013 Time: 9:45:43 AM Page 1 of 1 P.DeWitt Cason Clerk of Courts, Columbia County, Florida

	. 1
NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	2
RO6-55-17-09128-00	In 201312010155 Date:7/5/2013 Time:9:45 AM DC,P DeWitt Cason,Columbia County Page 1 of 1 B.1257 P:1575
THE UNDERSIGNED hereby gives notice that improvement Florida Statutes, the following information is provided in ti	s will be made to certain real property, and in accordance with Section 713.13 of the
1. Description of property (legal description): ROC	
a) Street (job) Address: 265 L	2 BRASKY COURT
2. General description of improvements: New	RESIDENCE
3. Owner Information a) Name and address: b) Name and address of fee simple tideholder (ill c) Interest in property	f other than owner)
4. Contractor Information	
a) Name and address:	TOHNSON TO BOX/OIL LCFC 3200
b) Telephone No.: 386 96/	30 3/ Fax No. (Opt.)
a) Name and address:	
b) Amount of Bond: c) Telephone No.:	Fax No. (Opt.)
6. Lender	
a) Name and address: 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:	
b) Telephone No.:	Fax No. (Opt.)
8. In addition to himself, owner designates the following pe	erson to receive a copy of the Lienor's Notice as provided in Section
713.13(I)(b), Florida Statutes: a) Name and address:	
	Fax No. (Opt.)
9. Expiration date of Notice of Commencement (the expira	tion date is one year from the date of recording unless a different date
is specified):	
IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECT IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COMI	THE AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED TION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR MENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST SULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
STATE OF FLORIDA COUNTY OF COLUMBIA 10.	hair & Bearles
to.	Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
	Craic L. Beasley
	Printed Name
The foregoing instrument was acknowledged before me , a Flori	Ida Notary, this 25th day of June 2013 by:
Craia Beasley " "	n (Nh + C
- J - J	(type of authority, e.g. officer, trustee, attorney
fact) for	(name of part 507/04/19/19/19/19/19/19/19/19/19/19/19/19/19/
Personally Known OR Produced Identification Type Notary Signature	
11. Verification pursuant to Section 92.525, Florida Statu the facts stated in it are true to the best of my knowle	tes. Under penalties of perjury, I declare that I have read the foregoing and that
the races stated in it are true to the best of my knowl	Signature of Natural Person Signing (In line #10 above.)