NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Inst:201412008012 Date:5/28/2014 Time 10:05 AM
DC,P DeWitt Cason,Columbia County Page 1 of 1 B 1275 P 828

Tax Parcel Identification Number

22-7S-16-04282-000

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)*
a) Street *(job)* Address 2889 SW Fry Ave Fewh.te FL 32038
2 General description of improvements Storage Shed

3 Owner Information
a) Name and address Hubert & Betty Gay
b) Name and address of fee simple titleholder (if other than owner)
c) Interest in property Owners
4 Contractor Information
a) Name and address Owner Builder
b) Telephone No Fax No (Opt)
5 Surety Information
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 person to receive a copy of the Lienor's Notice as provided in Section 7 3 13(l)(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 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

X10. Betty G. Gay
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager

Betty G. Gay
Printed Name

The foregoing instrument was acknowledged before me , a Florida Notary, this 13 day of May , 2014 , by.

Betty G. Gay as Owner **(type of authority, e.g. officer, trustee, attorney fact) for** Self **(name of party on behalf of whom instrument was executed).**

Personally Known ✓ OR Produced Identification ____ Type ____

Notary Signature _____ Notary Stamp or Seal

LAURIE HODSON
MY COMMISSION # EE 214728
EXPIRES: July 14, 2016
Bonded Thru Notary Public Underwriters