NOTICE OF COMMENCEMENT

Clerk's Office Stamp

Tax Parcel Identification Number:

2235-16-02268-226

DC,P.DeWitt Cason,Columbia County Page 1 of 1 B:1253 P:475

3200

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): 22-35-16-02268-226 a) Street (job) Address: 996 NW SCENIC LAKE Drive LAKE City #1 32055
3. Owner Information
3. Owner Information a) Name and address: Lichard + SYIVIA PAN Wright 996NWS cenic Drive Lake City to b) Name and address of fee simple titleholder (if other than owner) c) Interest in property 100 70
4. Contractor Information
4. Contractor Information a) Name and address: Dfrin L. SIMHER IN 679 SW A HOD Drive LAKE City FC 37075 b) Telephone No.: Fax No. (Opt.)
5. Surety Information
a) Name and address: Wiff
b) Amount of Bond:
c) Telephone No.:Fax No. (Opt.)
a) Name and address: WH
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
713.13(I)(b), Florida Statutes:
a) Name and address: DIF
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 10. Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
1 A. C. I. A. S. Authorized office/pricedoff articly willinger
Printed Name
The foregoing instrument was acknowledged before me , a Florida Notary, this
as(type of authority, e.g. officer, trustee, attorney
fact) for (name of party on behalf of whom instrument we leave the last time of party on behalf of whom instrument we leave the last time of party on behalf of whom instrument we leave the last time of party on behalf of whom instrument we leave the last time of party on behalf of whom instrument we leave the last time of party on behalf of whom instrument we leave the last time of party on behalf of whom instrument we leave the last time of party on the last time of party of party on the last time of party on the last time of party o
BRENDA MEADS COMMISSION # DD892753
Personally known OK Produced Identification Type EXPIRES JUL 30 2013 BYPHE BONDED THROUGH
Notary Signature Notary Stamp or Seal: FLORIDA RU INSURANCE COMPANY
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.
N_{la} \mathcal{L}_{c}
Signature of Natural Person Signing (in line #10 above.)