NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
30-45-17-08913-002	
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.	
COMM S	SE COR OF SEC, RUN N 1383.62 FT, W 21.42 FT FOR POB CONT W 449.54
2. General description of improvements:30X60 OUT B	UILDING FOR STORAGE AND WUKKSHUP
3. Owner Information or Lessee information if the Lessee contracted for the improvements: a) Name and address: b) Name and address of fee simple titleholder (if other than owner)	
c) Interest in property	r (if other than owner)
Contractor Information a) Name and address: Owner contracted	
h) Telephone No.: 904-759-4935	
5. Surety Information (if applicable, a copy of the payment bond is attached): a) Name and address:	
•	
c) Telephone No.:	
a) Name and address:	
b) Phone No. 386-755-0600 7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section	
713.13(1)(a)7., Florida Statutes:	
a) Name and address:	
b) Telephone No.:	And the second s
8. In addition to himself or herself, 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:	OF
b) Telephone No.:	
 Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date is specified): 8/21/2021 	
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 Ov	wner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	leil Dinges /owner
Printed Name and Signatory's Title/Office	
The foregoing instrument was acknowledged before me, a Florida Notary, this 2 day of AUQUST 2020, by: Political T. P. V. A. H. as NOTARI for Neil Diggs.	
Ratinda 70 V Att as NOTAR (Name of Person) (Type of AL	thority) for Nei L Di Q I I I I I I I I I I I I I I I I I I
Personally Known OR Produced Identification Type	
Notary Signature Bolinda PA	Notary Stamp or Seal: BELINDA GAIL PREVATT
	My Comm. Expires Jul 30, 2022 Bonded through National Netary Assn.