NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

Clerk's Office Stamp

Inst 201412006912 Date 5/8/2014 Time 2 51 PM

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10-55-17-09182-000

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): 10-55-17-09182-000
a) Street (job) Address: 221 5W CR-240 IAKE ONLY FL 32025
Constal description of improvements: 5FD Reconf Information
a) Name and address: Terry N. Dicks 4458 South US Hwy 441 LAKE City, FL3 2025
b) Name and address of fee simple titleholder (If other than owner) None 3. Owner Information a) Name and address: Afrin L. Summerin 679 SW Alamo Nove LAKE City 2032025
b) Telephone No: 386-289-5426 Fax No. (Opt.) 4. Contractor Information 5. Surety Information a) Name and address: NONE b) Amount of Bond: ___ Fax No. (Opt.) c) Telephone No.: 6 Lender a) Name and address: Name 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: _________ _____ Fax No. (Opt.) b) Telephone No.: 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: None 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): NONE 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 of Owner of Owner's Authorized Office/Director/Partner/Manager L. Sunner Gr The foregoing instrument was acknowledged before me, a Florida Notary, this ____ (type of authority, e.g. officer, trustee, attorney (name of party on behalf of whom instrument was executed). fact) for_____ BRENDA MEADS OR Produced Identification ____ Personally Known \ Notary Public - State of Florida My Comm Expires Jul 30, 2017 Commission # FF 006272 Notary Stamp or Seal: Bonded Through National Notary Assn.

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.

Signature of Natural Person Signing (in line #10 above.)