NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
22-58-17-09340-051	
HE UNDERSIGNED hereby gives notice that improvement f the Florida Statutes, the following information is pro	ents will be made to certain real property, and in accordance with Section 713.13 wided in this NOTICE OF COMMENCEMENT.
. Description of property (legal description): LOTS 1 TH	RU 8 & LOT 15 ALL IN BLOCK 26, MASONCITY, AS LIES WEST OF EXISTING ROAD R/W
a) Street (job) Address: <u>ANG THAT PORTIO</u> General description of improvements: Storage Shed	on of Pecan Street as shown on plat of Mason City
8. Owner Information or Lessee information if the Lesse	e contracted for the improvements:
	r (if other than owner)
c) Interest in property OWNER	
l. Contractor Information a) Name and address: Brian Wilson 161 SV	W Armand Pl Lake City, Fl 32025
b) Telephone No.: 580-736-0085	
5. Surety Information (if applicable, a copy of the paym	
a) Name and address: NAA b) Amount of Bond:	
c) Telephone No.:	
Lender	
a) Name and address: N/A	
b) Phone No	ner upon whom notices or other documents may be served as provided by Section
713.13(1)(a)7., Florida Statutes:	ter upon whom notices or other additions may be served as provided by section
b) Telephone No.:	
D. In addition to himself or horself Owner decimentes th	he following person to receive a copy of the Lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes:	ne following person to receive a copy of the cienor's worke as provided in
a) Name: Brian Wilson	OF 161 SW ARMAND PLILAKE CITY FL 32025
b) Telephone No.: 580-736-0085	
 Expiration date of Notice of Commencement (the exp is specified): 	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPROFILED FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECOMMENCING. IF YOU INTEND TO OBTAIN FINAL COMMENCING WORK OR RECORDING YOUR STATE OF FLORIDA COUNTY OF COLUMBIA	wner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Pr	rinted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me (Name of Person) The foregoing instrument was acknowledged before me as	forfor
Personally Known OR Produced Identification	
Notary Signature Janadame P	(name of party on behalf of whom instrument was executed by the state of the state
	Notary Stamp or Seal NNE RENTS of the State