Inst. Number: 202212022182 Book: 1479 Page: 2159 Page 1 of 1 Date: 11/21/2022 Time: 3:45 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCEMENT	. Clerk's Office Stamp
Tax Parcel Identification Number:	
33-3S-17-06550-000 (26695)	
of the Florida Statutes, the following information is pro-	
Description of property (legal description): LOT 12 BLG	OCK 6 HIGHLAND ESTATES S/D. 748-441,771-1791, PROBATE 95-186-CP
a) Street (iob) Address: 191 SE CRAIL	G AVE, LAKE CITY, FL 32025
·	
 Owner Information or Lessee information if the Lesse Name and address: RUTHANN S CONWAY 191 SE 	ee contracted for the improvements: : CRAIG AVE, LAKE CITY, FL 32025
b) Name and address of fee simple titleholde	r (if other than owner)
c) Interest in property OWNER	
Contractor Information a) Name and address: LEWIS WALKER PO	O BOX 2147 LAKE CITY, FL 32056
b) Telephone No.: 866-959-7663	
5. Surety Information (if applicable, a copy of the paym	
c) Telephone No.:	
Lender N/A	
a) Name and address: NA h) Phone No	
7. Person within the State of Florida designated by Owi	ner upon whom notices or other documents may be served as provided by Section
713 13(1)(a)7 Florida Statutes:	
b) Telephone No.:	A second of the
Section 713.13(I)(b), Florida Statutes:	he following person to receive a copy of the Lienor's Notice as provided in OF
The involve data of Nation of Commencement the on	opiration date will be 1 year from the date of recording unless a different date
'is specified):	
COMMENCEMENT ARE CONSIDERED IMPROFILED FLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECOMMENCING WORK OR RECORDING YOUR STATE OF FLORIDA COUNTY OF COLUMBIA	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF OPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, DUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A CORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST IANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE R NOTICE OF COMMENCEMENT. Where or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
	RUTHANN S CONWAY
· P	Printed Name and Signatory's Title/Office
•	
The foregoing instrument was acknowledged before m	ne, a Florida Notary, this 2) day of November 20 22 by:
(Name of Person) as OWN (Type of Au	uthority) for Futhon S Conway HOUSTON uthority) (name of party on behalf of whom instrument was executed).
Personally Known OR Produced Identification _	
Notary Signature John Houston	Type Notary Stamp or Seal: Notary Stamp or Seal: Notary Stamp or Seal: Notary Stamp or Seal:
	PUBLIC, STR