

NOTICE OF COMMENCEMENT

County Clerk's Office Stamp or Seal

Tax Parcel Identification Number: **14-6S-17-09665-000 (35612)**

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**.

Description of property (*legal description*). E1/2 OF NW1/4 & NE1/4 LYING N & E OF CNTY RD & LYING W OF I-75 & BEG SE COR OF NE1/4, N 1321.02 FT TO SW R/W I-75, NW ALONG R/W 457.91 FT, SW 1003.14 FT, SE 284.84 FT, W/LY 224.55 FT TO E R/W OF GRD RD, SE ALONG R/W 1489.15 FT, SE 36.84 FT TO S LINE OF NE1/4 E 379.92 FT TO POB. ALSO THE NW1/4 OF SEC 13-6S-17 LYING W OF I-75 EX RD R/W OLD WIRE RD 458-219, WD 1084-44, DC 1085-2066, WD 1209-1888, PB 1214-66 PB 1214-2341, PB 1328-1888, PB WD 1328-1894, WD 1342-944, LE 1364-1099, 1106, LE 1368-1493, 1499

a) Street (*job*) Address: 1621 SE GILES MARTIN AVE, LAKE CITY, FL 32024 & 1536 SE GILES MARTIN AVE, LAKE CITY, FL 32024

2. General description of improvements: RE-ROOF MAIN HOUSE & FARM HOUSE RENTAL

3. Owner Information

Name and address: FRANKLIN OR LILLIAN CASON AS TRUSTEES, 1621 SE GILES MARTIN AVE, LAKE CITY, FL 32024

Name and address of fee simple titleholder (if other than owner) _____

a) Interest in property _____

4. Contractor Information

a) Name and address: O'Neal ROOFING CO. PO Box 2166, Lake City FL 32056

b) Telephone No.: 386-752-7578 Fax No. (Opt.) 386-755-0240

5. Surety Information

a) Name and address: N/A

b) Amount of Bond: _____

c) Telephone No.: _____ Fax No. (Opt.) _____

6. Lender

a) Name and address: N/A

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: N/A

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(l)(b), Florida Statutes:

a) Name and address: N/A

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):

N/A

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 SUWANNEE

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Lillian M Cason
Signature of Owner or Owner's Authorized Officer/Director/Partner/Manager

Lillian M Cason
Print Name

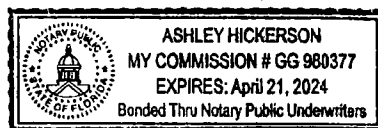
The foregoing instrument was acknowledged before me, a Florida Notary, this 13 day of May, 20 22, by

Lillian M Cason as Owner (type of authority, e.g. officer, trustee, attorney

fact) for _____ (name of party on behalf of whom instrument was executed).

Personally Known ☒ OR Produced Identification _____ Type _____

Notary Signature: Ashley Hickerson Notary Stamp or Seal



---AND---

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.

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