Inst. Number: 202112022188 Book: 1451 Page: 1095 Page 1 of 1 Date: 11/1/2021 Time: 10:02 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEN				
Fax Parcel Identification Number 22	-	Clerk's Office Stamp or Seal)		
THE UNDERSIGNED hereby gives following information is provided in			in accordance with Section 713-13 of the Florida Statutes the	
Description of property (legal descr 328-569, 909-1366 PROB #01-1			C OFF S SIDE OF SW1/4 OF SE1/4 (JOINS 9406) ORE	3
a) Street (job) Address292	2 SW CR 349, LAKE CITY, FL 32	<u>2025</u>		
2 General description of improvem	ents RE-ROOF			
Owner Information a) Name and address HI	CKS, THOMAS E JR. AS TRUST	EE, 2922 SW CR 349., LAKE CI	ΓΥ, FL 32025	
	fee simple titleholder (if other than o	owner)		
4 Contractor Information a) Name and address	O'Neal ROOFING CO, PO Bo	ox 2166. Lake City FL 32056		
			386-755-0240	
5 Surety Information				
a) Name and address	N/A			
c) Telephone No.		Fay No. (Ont.)		
6 Lender		rux no (opt.)		
 a) Name and address 	N/A			
b) Phone No				
7 Identity of person within the State				
b) Telephone No		Fax No (Opt.)		
, , ,				
			is provided in Section 713 13(l)(b), Florida Statutes	
 a) Name and address 	N/A			
b) Telephone No		Fax No (Opt)		
•	mencement (the expiration date is		ding unless a different date is specified)	
WARNING TO OWNER ANY PAYME				
COMMENCEMENT ARE CONSIDERE STATUTES, AND CAN RESULT IN YO				
COMMENCEMENT MUST BE RECOR LENDER OR AN ATTORNEY BEFORE			N IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR ICEMENT	
STATE OF FLORIDA	10 I homes E. g	-/-		
COUNTY OF COLUMBIA	Signature of Owner or Owner's Au	nthorized Office/Director/Partner/Manager	ī	
	THOMAL	= Wicks JK		
	Print Name	» /~ · · · · · · · · · · · · · · · · · ·	<u> </u>	
The foregoing instrument was acknowledged	d before we a Florede Notern the	9th one october	20 71 50	
The loregoing instrument was acknowledged	Toerore life a Florida Notary tills	day or	, 20 uy	
Thomas Hicks of	r as Owner	(type of authority, e.g	g. officer, trustee, attorney	
fact) for		(name of party on behalf of who		
Personally Known OR Produced Ider	ntification X Type X # 42	200-825-49-246-1	() Deliver the second of the	
Notary Signature Cudy (Notary S	Stamp or Seal	Commission # HH 013756	
11 Verification pursuant to Section true to the best of my knowledge a	/)	r penalties of perjury, I declare t	Bonded Thru Troy Fain insurance add-300-1019	are
	1 prot	EX HU		
	Signafure of Natural Perso	on Signing (in line #10 above)		