

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number _____

County Clerk's Office Stamp or Seal

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): 18-35-17-08062-000
a) Street (job) Address: 1286 NW 25A Lake City FL 32055
2. General description of improvements: _____
3. Owner Information
a) Name and address: PAULINE GRIFFIN
b) Name and address of fee simple titleholder (if other than owner) _____
c) Interest in property _____
4. Contractor Information
a) Name and address: William D Pounelle
b) Telephone No.: 386-364-9057 Fax No. (Opt.) _____
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: _____
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(f)(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): _____

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

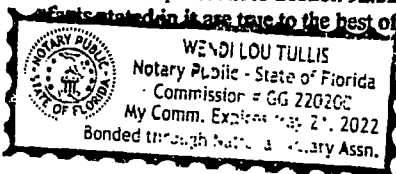
10. Pauline Griffin
Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
Pauline Griffin
Print Name

The foregoing instrument was acknowledged before me, a Florida Notary, this 16th day of June, 2020, by:
Pauline Griffin as _____ (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 FO

Notary Signature Wendi Lou Tullis Notary Stamp or Seal:

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.)