Inst. Number: 202112018365 Book: 1447 Page: 123 Page 1 of 1 Date: 9/13/2021 Time: 10:34 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEM	ENT		
	County Clerk's Office :	Stamp or Seal	
Tax Parcel Identification Number	17-5S-17-09278-000 (33982)		
	notice that improvements will be made to certa this NOTICE OF COMMENCEMENT.	ain real property, and in accordance with Section 713.13 of the Florid	a Statutes, the
349.13 FT FOR POB, CONT ALO	iption): COMM AT NE COR OF NW1/4 OD NG R/W 880.72 FT, CONT ALONG CURV 410-2061, PR 1431-991, WD 1431-995,	D SW 1/4, RUN W 40.01 FT TO W R/W OF C R 131, RUN S A /E OF R/W 56.25 FT, N70-47- 42W 818.57 FT, N 659.36 FT, I	LONG R/W E 770.62 FT TO
a) Street (job) Address:6262	<u>SW TUSTENUGGEE AVE, LAKE CITY, FI</u>	1,32024	
2. General description of improveme	ents: <u>RE-ROOF</u>		
b) Name and address of fe	HN AND BRANDI O'NEAL 260 SW BARRS ee simple titleholder (if other than owner)		
4. Contractor Information			
	O'Neal ROOFING CO, PO Box 2166, Lak		-
5. Surety Information a) Name and address:	_N/A	Fax No. (Opt.) <u>386-755-0240</u>	
c) Telephone No.:		Fax No. (Opt.)	
6. Lender			
a) Name and address: b) Phone No.	N/A		
7. Identity of person within the State	of Florida designated by owner upon whom no	 otices or other documents may be served:	
 a) Name and address: 	N/A		
b) Telephone No.:		Fax No. (Opt.)	
		24 T. 12 T.	
		f the Lienor's Notice as provided in Section 713.13(l)(b), Florida Sta	itutes:
b) Telephone No.:		Fax No. (Opt.)	
	mencement (the expiration date is one year fr	rom the date of recording unless a different date is specified):	
COMMENCEMENT ARE CONSIDERED STATUTES, AND CAN RESULT IN YOU COMMENCEMENT MUST BE RECORD LENDER OR AN ATTORNEY BEFORE STATE OF FLORIDA COUNTY OF COLUMBIA	10. Signature of Owner or Owner's Authorized Office Print Name	B, PART I, SECTION 713.13, FLORIDA YOUR PROPERTY; A NOTICE OF THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CO. NOTICE OF COMMENCEMENT. #Director/Partner/Manager	NSULT YOUR
1-1 0. /	d before me , a Florida Notary, this2 day of	f <u>September</u> , 20 21 , by: (type of authority, e.g. officer, trustee, attorney	
	•		
Personally Known OR Produced Iden Notary Signature	tification Type	ASHLEY HICKERSON MY COMMISSION # GG 980377 EXPIRES: April 21, 2024 Bonded Thru Notary Public Underwriters	
11. Verification pursuant to Section true to the best of my knowledge a		of perjury I declare that I have read the foregoing and that the fa	cts stated in it are
	Signature of Matural Person Signing (in lin: #10 above.)	