Inst. Number: 202412002139 Book: 1507 Page: 817 Page 1 of 1 Date: 2/1/2024 Time: 2:08 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                    |
| 26-55-17-09395-006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |
| 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): BEG NE COR OF NE1/4 OF NW1/4, RUN W ALONG N LINE OF SEC 420 FT, S 210 FT, E 420 FT  a) Street (job) Address: 546 SE ORMOND WITT RD, LAKE CITY, FL 32025  2. General description of improvements:                                                                                                                                                                                                                                                                  |                                                                                                                                                    |
| Owner Information or Lessee information if the Lessee contracted for the improvements:                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                    |
| a) Name and address: REEVES ELAINE W 628 SE ORMOND WITT RD LAKE CITY, FL 32025 b) Name and address of fee simple titleholder (if other than owner)                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |
| Contractor Information     a) Name and address: LEWIS WALKER PO E                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BOX 2147, LAKE CITY, FL 32056                                                                                                                      |
| b) Telephone No.: 866-959-7663  5. Surety Information (if applicable, a copy of the payment bond is attached):                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                    |
| a) Name and address: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                    |
| b) Amount of Bond:<br>c) Telephone No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |
| 6. Lender                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                    |
| a) Name and address: N/A<br>b) Phone No                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                    |
| 7. Person within the State of Florida designated by Own                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ner upon whom notices or other documents may be served as provided by Section                                                                      |
| 713.13(1)(a)7., Florida Statutes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                    |
| a) Name and address: N/A b) Telephone No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |
| 8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(I)(b), Florida Statutes:  a) Name: N/A OF                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                    |
| b) Telephone No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                    |
| 9. Expiration date of Notice of Commencement (the expiration date will be 1 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Elame With KENES                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | viner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager  Low No. Low Recycles  Finted Name and Signatory's Title/Office |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                    |
| The foregoing instrument was acknowledged before me, a Florida Notary, this                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |
| Haine Rooves DWW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | er Lewis Walker Roofing tres                                                                                                                       |
| (Name of Person) (Type of Aut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | thority) (name of party on behalf of whom instrument was executed)                                                                                 |
| Personally Known OR Produced Identification Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                    |
| Notary Signature Elouse Reuj                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Notary Public State of Florida Eloise Reynolds Notary Stamp or Seal:  Notary Public State of Florida Eloise Reynolds My Commission HH 393220       |