Inst. Number: 202212013087 Book: 1470 Page: 1157 Page 1 of 1 Date: 7/5/2022 Time: 1:10 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
Fax Parcel Identification Number:	
03-48-17-07592(28369)	
of the Florida Statutes, the following information is provided. Description of property (legal description): 1. Description of property (legal description): 1. Description of property (legal description): 2. General description of improvements: 8. EROOF 3. Owner Information or Lessee information if the Lessee a) Name and address: NORRIS TRYPHONE & NORRIS b) Name and address of fee simple titleholder of the contractor information 4. Contractor Information 2. Name and address: LEWIS WALKER ROOFING INC.	EASTSIDE VILLAGES UNIT 6, SEG AT SECOR OF SAID LOT, RUN WOOD CIR, LAKE CITY, FL 32025 contracted for the improvements: TERESA WAINWRIGHT 585 SR ROSEWOOD CIR, LAKE CITY, FL 32025 (if other than owner) MA
b) Telephone No.: 866 959 7683 5. Surety Information (if applicable, a copy of the payme	nt bond is attached):
a) Name and address: N/A b) Amount of Bond: c) Telephone No.:	
A. A. Carlon, M. C. Carlon, M. C. Carlon, C.	er upon whom notices or other documents may be served as provided by Section
and and the placed Charles	
	e following person to receive a copy of the Lienor's Notice as provided in OF
o Fundamental data of Notice of Commencement filter ext	piration date will be 1 year from the date of recording unless a different date
COMMENCEMENT ARE CONSIDERED IMPRO- FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE REC- INSPECTION. IF YOU INTEND TO OBTAIN FIN.	DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A DRIDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE INOTICE OF COMMENCEMENT.
STATE OF FLORIDA COUNTY OF COLUMBIA 10	mer or Lessee, Nowner's or Lessee's Authorized Office/Director/Partner/Manager
Т	ryphon D Norris Owner rinted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before m	e, a Florida Notary, this J. day of July 2000 by:
Name of Person) Personally Known OR Produced Identification	thority) for Tryph on Morris Iname of party on behalf of whom instrument was executed) Type 4
Notary Signature DOND QUE	Hotary Stamp or Seal: Sample BARBARA JOHNSTON