NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	
26-35-16-02307-119	DC,P DeWitt Cason Columbia County Page 1 of 1 B 1272 P 2578
QU 05 14 00501 111	
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);	35-16-02307-119 Franker Dr Lake City, FL
2. General description of improvements: REYOUF	Metal Metal
3. Owner Information a) Name and address: BHTY BUSO b) Name and address of fee simple titleholder (if c) Interest in property WWW.	M 412 SW Whitetail CIPLAKE UTY FL 32024 other than owner)
4. Contractor Information	Construction 2020 SE ROLD DIDIN
b) Telephone No: 366750-40	Construction 2230 SE Baya Dr \$101 73 Fex No. (Opt.) 350 759.7372
5. Surety information a) Name and address:	/
b) Amount of Bond ·	
o) Telephone No.:	Fax No. (Opt.)
a) Name and address:	
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.:	
b) Telephone No.:	Fax No. (Opt.)
8. In addition to himself, owner dosignates the following re 713 13(I)(b), Florida Statutes: a) Name and address:	rson to receive a copy of the Lienor's Notice as provided in Section
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.	Signature of Owner's Authorized Office/Director/Partner/Manager
	BETTY JEAN BENSON
The foregoing instrument was acknowledged before me , a Flori	1 Amra 1
fact) for Betty Jean Ben	(type of authority, e.g. officer, trustee, attorney (name of party on behalf of whom instrument was executed).
	(name of party of penalton whole manufactured was executed)
Personally Known OR Produced Identification Trype Notary Signature Control Control Notary Signature Control Notary Sign	Notary Stamp or Seal· Notary Stamp or Seal·
11. Verification pursuant to Section 92.525, Florida Statu the facts stated in it are true to the best of my knowle	tes. Under penalties of perjury, I declare that I have read the foregoing and that edge and belief.
	Signature of Natural Person Signing (in line #10 above.)