NOTICE OF COMMENCEMENT	Clerk's Office Stamp
10000 1000000	Inst: 202112004755 Date: 03/15/2021 Time: 4:24PM
Tax Parcel Identification Number:	Page 1 of 1 B: 1432 P: 1509, James M Swisher Jr, Clerk of Cour Columbia, County, By: BR Deputy Clerk
24-48-16-03113-155	Deputy Ciera
THE UNDERSIGNED hereby gives notice that improvements will of the Florida Statutes, the following information is provided in	be made to certain real property, and in accordance with Section 713.13 this NOTICE OF COMMENCEMENT.
Description of property (legal description): Lot 25 Block C Wise Es a) Street (job) Address: 247 SW Melba Gin Lake City, FL 32024	
2. General description of improvements: In-ground fiberglass pool inst	
Owner Information or Lessee information if the Lessee contra a) Name and address: Jody Waldron b) Name and address of fee simple titleholder (if other	cted for the improvements:
c) Interest in property 100% 4. Contractor Information	
a) Name and address: Thomas Jones 9904 NW CR 229 Starke,	FL 32091
b) Telephone No.: 904-316-9112	
 Surety Information (if applicable, a copy of the payment bond a) Name and address: n/a 	l is attached):
b) Amount of Bond: n/a	n/a
c) Telephone No.: Na	
6. Lender	
a) Name and address: n/a	
b) Phone No. n/a	
713.13(1)(a)7., Florida Statutes:	whom notices or other documents may be served as provided by Section
a) Name and address: n/a b) Telephone No.: n/a	
b) relephone No.: 100	
Section 713.13(I)(b), Florida Statutes: a) Name: n/a	ing person to receive a copy of the Lienor's Notice as provided in
b) Telephone No.: n/a	
 Expiration date of Notice of Commencement (the expiration of is specified): ^{√a} 	date will be 1 year from the date of recording unless a different date
MADNING TO OMNED. ANY DAVISENTS MADE BY T	HE OWNER AFTER THE EVRIPATION OF THE MOTICE OF
COMMENCEMENT ARE CONSIDERED IMPROPER PAY FLORIDA STATUTES, AND CAN RESULT IN YOUR PAY NOTICE OF COMMENCEMENT MUST BE RECORDED	G, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
STATE OF FLORIDA	la dela la l
COUNTY OF COLUMBIA 10.	Tody of waster
Signature of Owner or Le	ssee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager
Printed N	lame and Signatory's Title/Office
The foregoing instrument was acknowledged before me, by mea	ins of physical presence or online notarization, a Florida Notary,
	. 1
this grad day of March , 20 21 by:	Judy Waldron as owner
for	(Name of Person) (Type of Authority) who is personally known OR produced identification
for	
- / -	Type ID
1 9/1	
Notary Signature	(Notary Stamp or Seal) L. TRAVIS PREVATT, JR. MY COMMISSION # GGI11165
	E CONTROL OF THE PROPERTY OF T

~ A4640