NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number.	/ July 201312012983 Dale 8/23/2013 Time 11 17 AM
00-00-00-01130-000	DC,P DeWitt Cason,Columbia County Page 1 of 1 5 1260 P.826
THE UNDERSIGNED hereby gives notice that improvement Florida Statutes, the following information is provided in ti	s will be made to certain real property, and in accordance with Section 713.13 of the his NOTICE OF COMMENCEMENT.
Description of property (legal description): 498 SV a) Street (job) Address:	V Nebraska Terrace, Fort White, FL
2. General description of improvements: Re Roof	
c) Interest in property	f other than owner)
	Co., Inc. 295 NW Commons Loop, Suite 115-262, Lake City, FL 32055
	Fax No (Opt.)
5. Surety Information a) Name and address	
b) Amount of Bond:	Fax No. (Opt.)
6 Lender	
a) Name and address:	
7 Identity of person within the State of Florida designated	by owner upon whom notices or other documents may be served:
b) Telephone No.:	Fax No. (Opt.)
713 13(I)(b), Florida Statutes: a) Name and address: b) Telephone No.:	erson to receive a copy of the Lienor's Notice as provided in Section Fax No. (Opt.) ation date is one year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MADE BY THE ON IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SEC IMPROVEMENTS TO YOUR PROPERTY; A NOTICE OF COM	WHER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED THON 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR THE PROPERTY HOUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING
STATE OF FLORIDA COUNTY OF COLUMBIA 1:	· Dut Wif
	Signature of Owner or Owner's Authorized Office/Director/Partner/Manager
	Bruce Wright
	Printed Name
The foregoing instrument was acknowledged before me , a Fix	orida Notary, this day of AVAIVST 20 5 by
BY LICE WYIGHT as	NV MSELF (type of authority, e.g. officer, trustee, attorney
tact) for BYUCO WYIGHT	(name of party on behalf of whom instrument was executed).
Personally Known XOR Produced IdentificationTy	pe LEBLIE WEST
Notary Signature House	Notary Stamp or Seal
11. Verification pursuant to Section 92 575, Florida Sta	tutes. Under penalties of perjury, I declare that Thave read the foregoing and that
the facts stated in it are true to the best of my know	
	Signature of Natural Person Sening (in line #10 above)