

NOTICE OF COMMENCEMENT

(PREPARE IN DUPLICATE)

Permit No _____ Tax Folio No 03.53-16.03455 019
State of FLA County of Columbia

To whom it may concern:

The undersigned hereby informs you that improvements will be made to certain real property, and in accordance with Section 713 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT

Legal description of property being improved 03.53-16.03455 019
532 SW Summerhill Glen Lake City, FL 32004

Address of property being improved 532 SW Summerhill Glen
Lake City, FL 32004

General description of improvements Street Repair New Hvac
Master Connections + up's

Owner Oliver Chambers
Address 532 SW Summerhill Glen Lake City, FL 32004

Owner's interest in site of the improvement 100%
Fee Simple Titleholder (if other than owner) NA

Name NA
Address _____

Contractor McCormick Construction Inc.
Address 804 W. Beaver St. Gal. FL 32020

Phone No 904.781.7381 Fax No. 904.693.0702

Surety (if any) _____
Address _____ Amount of bond \$ _____
Phone No NA Fax No. _____

Name and address of any person making a loan for the construction of the improvements

Name A.R.E.O. Inc.
Address PO Box 70 River Dale FL 32064

Phone No 351.362.4115 Fax No 351.362.4078

Name of person within the State of Florida, other than himself designated by owner upon whom notices or other documents may be served

Name WCL
Address _____
Phone No _____

Inst 201412006777 Date 5/6/2014 Time 2:00 PM

DC, P DeWitt Cason, Columbia County, Page 1 of 1 B 1274 P:435

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713 06 (2) (b), Florida Statutes (Fill in at Owner's option).

Name WCL
Address _____
Phone No _____ Fax No _____

Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified)

THIS SPACE FOR RECORDER'S USE ONLY

OWNER
Signed: Oliver Chambers DATE 5/5/14
Before me this 5th day of May 2014 in the
County of Duval, State of Florida, has personally appeared
Oliver Chambers herein by
himself/ herself and affirms that all statements and declarations herein
are true and accurate
Carol E. Stafford
Notary Public at Large State of _____
My commission expires: _____
Personally Known _____
Produced Identification _____
CAROL E. STAFFORD
MY COMMISSION # FF074654
EXPIRES: February 11, 2018