Inst. Number: 202112005708 Book: 1433 Page: 1741 Page 1 of 1 Date: 3/29/2021 Time: 12:29 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT

Tax Parcel Identification Number	County Clerk's Office Stamp or Seal _23-3S-16-02272-020 (7978)
	stice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the is NOTICE OF COMMENCEMENT.
	ription): LOT 19 LAKE JEFFERY PHASE 1. 658-740, 703-87, 742-1279, 800 -1079, PB 1070-2376, DC 1217- 2336, ND 1353-2313, WD 1367-2556, WD 1400-1384, LE 1400-1386
a) Street (job) Address:162 N	W LAKE VISTA GLN, LAKE CITY, FL 32055
2. General description of improvement	s:RE-ROOF
3. Owner Information	
	DRED ELAINE & FRANK OWENS, 162 NW LAKE VISTA GLN., LAKE CITY, FL 32055
	simple titleholder (if other than owner)
4. Contractor Information	
	O'Neal Roofing Co., PO Box 2166, Lake City FL 32056
	386-752-7578 Fax No. (Opt.) 386-755-0240
5. Surety Information	
a) Name and address:	N/A
b) Amount of Bond:	Fax No. (Opt.)
6. Lender	
	N/A
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:	_N/A
b) Telephone No.:	Fax No. (Opt.)
a) Name and address:	ates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(I)(b), Florida Statutes: N/A Fax No. (Opt.)
9 Expiration date of Notice of Comme	ncement (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 or Owner's Authorized Office/Director/Partner/Manager Fint Name 14 15 16 16 17 17 17 18 18 18 18 18 18 18
The foregoing instrument was acknowledge	ged before me , a Florida Notary, this day of MOYCM, 20, by:
Elaine Owens	as (type of authority, e.g. officer, trustee, attorney
fact) for	(name of party on behalf of whom instrument was executed).
Personally Known _ X OR Produced Id	lentification Type ASHLEY HICKERSON
Notary Signature Shlly	Notary Stamp or Seal: MY COMMISSION # GG 980377 EXPIRES: April 21, 2024 Bonded Thru Notary Public Underwriters
11. Verification pursuant to Section 9	92.525. Florida Statutes. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are

El aux Vendence

Signature of Natural Person Signing (in line #10 above.)