Inst. Number: 202412002774 Book: 1507 Page: 2767 Page 1 of 1 Date: 2/14/2024 Time: 11:05 AM James M Swisher Jr Clerk of Courts, Columbia County, Florida

Tax Parcel Identification Number: 17-4S-17-08440-007 (31443) THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.1 of the Florida Statutes: 1. Description of property [legal description]: INTERCENTIONAL WARE COME TO COMMENCEMENT. 1. Description of property [legal description]: INTERCENTIONAL WARE COME TO COME WARE AND THE PART TO THE WARE THE PART THE PART TO THE WARE THE PART TO THE WARE THE PART THE PART TO THE WARE THE PART TH	3
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a) Street (job) Address: 274 LILIAN LOOP. LAKE CITY FL 32025B 2. General description of improvements: BLDGB 274 AND 126 RE-ROOF 3. Owner Information or Lessee information if the Lessee contracted for the Improvements: a) Name and address: NORTON HOME IMPROVEMENT CO. 3307 5 US HIGHWAY 441SUITE 101LAKE CITY, FL 32028 b) Name and address of fee simple titleholder (if other than owner) c) Interest in property 4. Contractor Information a) Name and address: ONEAL ROOFING CO. PO BOX 2160, LAKE CITY FL 320365 b) Telephone NO.: 385-752-7578 5. Surety Information (if applicable, a copy of the payment bond is attached): a) Name and address: NIA b) Amount of Bond: c) Telephone NO.: 6. Lender a) Name and address: NIA b) Phone No. 7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes: a) Name and address: NIA b) Telephone No.: 8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes: a) Name: NIA b) Telephone No.: 9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date	- - - -
2. General description of improvements: BLDGS 274 AND 126 RE-ROOF 3. Owner Information or Lessee information if the Lessee contracted for the improvements: a) Name and address: NORTON HOME IMPROVEMENT CO, 3307 5 US HIGHWAY 44 ISUITE 101LAKE CITY, FL 32025 b) Name and address of fee simple titleholder (if other than owner) c) Interest in property 4. Conkractor Information a) Name and address: ONEAL ROOFING CO, PO BOX 2166, LAKE CITY FL 320565 b) Telephone No.: 380-752-7578 5. Surety Information (if applicable, a copy of the payment bond is attached): a) Name and address: N/A b) Amount of Bond: c) Telephone No.: 6. Lender a) Name and address: N/A b) Phone No. 7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes: a) Name and address: N/A b) Telephone No.: 8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(i)(b), Florida Statutes: a) Name: N/A OF b) Telephone No.: 9 Expiration date of Notice of Commencement {the expiration date will be 1 year from the date of recording unless a different date	- - -
3. Owner Information or Lessee information if the Lessee contracted for the Improvements: a) Name and address; NORTON HOME IMPROVEMENT CO. 1307 5 US HIGHWAY 441SUTE 101LAKE CITY, FL. 12025 b) Name and address of fee simple titleholder (if other than owner) c) Interest in property 4. Contractor Information a) Name and address: b) Telephone No.: ONEAL ROOFING CO. PO BOX 2166, LAKE CITY FL. 120565 b) Telephone No.: 5. Surety Information (if applicable, a copy of the payment bond is attached): a) Name and address: N/A b) Amount of Bond: c) Telephone No.: 6. Lender a) Name and address: N/A b) Phone No. 7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes: a) Name and address: N/A b) Telephone No.: 8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(i)(b), Florida Statutes: a) Name: N/A OF b) Telephone No.: 9 Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date	- - -
b) Name and address of fee simple titleholder (if other than owner) c) Interest in property 4. Contractor Information a) Name and address: ONEAL ROOFING CO. PO BOX 2186, LAKE CITY FL 320665 b) Telephone No.: 398-752-7578 5. Surety Information (if applicable, a copy of the payment bond is attached): a) Name and address: N/A b) Amount of Bond: c) Telephone No.: 6. Lender a) Name and address: N/A b) Phone No. 7. Person within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes: a) Name and address: N/A b) Telephone No.: 8. In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes: a) Name: N/A b) Telephone No.: 9 Expiration date of Notice of Commencement (the expiration date will be 1 year from the date of recording unless a different date	
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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. MALLY 1 DOTA	
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Mana	<u></u> ger
Marso T Norton New Dresident	_
Printed Name and Signatory's Title/Office	_
14th Cebruana 716	
The foregoing instrument was acknowledged before me, a Florida Notary, this 4 day of +CONONIC 2014.	л у:
(Name of Person) (Name of Person) (Type of Authority) (Name of Person) (Name of Person)	Go JV ed)
Personally Known OR Produced Identification Type	
att of p	~
Notary Signature Area Notary Public State of Flor Patricia T Peeler My Commission HH 299- Expires 9/5/2026	