

NOTICE OF COMMENCEMENT

(PREPARE IN DUPLICATE)

Permit No _____
State of FL.

Tax Folio No 11-65-17-09647-001
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 COM NE COR OF NE 1/4 OF NW 1/4 RUN S 292.19 FT OR
POB CONT S 596.63 FT W 200.72 FT TO W R/W OF CD GRADED RD, NW
ALONG R/W 622.22 FT, E 398.88 FT TO POB WD 1036-892, WD 1041-654,
WD 1489-2592
Address of property being improved 2571 SE GILES MARTIN AVE LAKE CITY
FL. 32024

General description of improvements _____

ROOF REPLACEMENT

Owner WALKER DANA LEE

Address 2571 SE GILES MARTIN AVE LAKE CITY FL. 32024

Owner's interest in site of the improvement _____

Fee Simple Titleholder (if other than owner) _____

Name _____

Address _____

Contractor Honest Abe Roofing

Address 1120 A Enterprise Ct. Holly Hill FL. 32117

Phone No 386-355-7663

Fax No _____

Surety (if any) _____

Address _____

Amount of bond \$ _____

Phone No _____

Fax No _____

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

Name _____

Address _____

Phone No _____

Fax No _____

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

Name _____

Address _____

Phone No _____

Fax No _____

In addition to himself or herself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.06 (2) (b), Florida Statutes. (Fill in at Owner's option)

Name _____

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 Dana Walker DATE 6/27
Before me this _____ day of _____ in the
County of _____ State of Florida, has personally appeared _____

himself, herself and affirms that all statements and information herein are true and accurate

Notary Public at Large, State of _____ County of _____
My commission expires _____
Personally known _____
Produced identification _____

