Inst. Number: 202112014561 Book: 1442 Page: 2764 Page 1 of 1 Date: 7/22/2021 Time: 12:11 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida Doc Mort: 0.00 Int Tax: 0.00 Doc Deed: 0.00

NOTICE OF COMMENCEMENT	Clerk's Office Stamp
Tax Parcel Identification Number:	* 8
<u>12-7S-16-04190-024</u>	
THE UNDERSIGNED hereby gives notice that improveme of the Florida Statutes, the following information is pro-	ents will be made to certain real property, and in accordance with Section 713.13 //ded in this NOTICE OF COMMENCEMENT.
a) street (IOD) Address: 695 COLGA	DEN FARMETTES SID. 474-160, 695-704, 759-301, 774-79, 921-2679, DC 1117-2658, LE 1117-2659, DC 1432-4 TE LOOP, FORT WHITE, FL 32038
Owner Information or Lessee information if the Lesse Name and address: WELLER, REGINA Name and address of fee simple titleholder	e contracted for the improvements: SUE 21775 NW 154TH PLACE, HIGH SPRINGS, FL 32643
4. Contractor Information a) Name and address: LEWIS WALKER,	PO BOX 2147 LAKE CITY FL 32056
5. Surety Information (if applicable, a copy of the payme a) Name and address: N/A Name and address: N/A	ent bond is attached):
6. Lender a) Name and address: N/A	
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	er upon whom notices or other documents may be served as provided by Section
Section 713.13(I)(b), Florida Statutes: a) Name: N/A b) Telephone No.:	OF
Expiration date of Notice of Commencement (the exp is specified):	fration date will be 1 year from the date of recording unless a different date
WARNING TO OWNER: ANY PAYMENTS MAD COMMENCEMENT ARE CONSIDERED IMPROPFLORIDA STATUTES, AND CAN RESULT IN YOU NOTICE OF COMMENCEMENT MUST BE RECO	E BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF FER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, IR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A FROED AND POSTED ON THE JOB SITE BEFORE THE FIRST NCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE
STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Own	Tegran C. Lisase of Office/Director/Partner/Manager
Pri	Regina S. Wolfore nted Name and Signatory's Title/Office
The foregoing instrument was acknowledged before me,	a Florida Notary, this 20th day of July 2021, by:
(Name of Person) (Type of Aut)	
Personally Known VOR Produced Identification Notary Signature YMON OSO	Type
° •••••	Notary Public State of Florida

