## NOTICE OF COMMENCEMENT

Tax Parcel Identification Number:

10-75-17-09971-007

Clerk's Office Stamp

Inst: 202512004882 Date: 03/07/2025 Time: 8:57AM
Page 1 of 1 B: 1534 P: 2757, Jame: M Swisher Jr, Clerk of Court
Columbia, County, By: VC

Deputy Clerk

10-7311 01111 00.	
THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, a	and in accordance with Section 713.13
of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT	•
1. Description of property (legal description): Lot 12 B. centennial title  a) Street (job) Address: 1040 SE Adams 5+ High Springs, FL 326	343
2. General description of improvements:	
Owner Information or Lessee information if the Lessee contracted for the improvements:     a) Name and address:	
b) Name and address of fee simple titleholder (if other than owner)	
c) Interest in property owner	- 1.16711 P C-
4. Contractor Information a) Name and address: David Pabst PO Box 571 Newberry, FL 3.	2669 Whittles Mooting
h) Telephone No: 13 a -a a a a a a a a a	
5. Surety Information (if applicable, a copy of the payment bond is attached):  a) Name and address:	
b) Amount of Bond:	
c) Telephone No.:	
6. Lender a) Name and address:	
<ul> <li>b) Phone No</li></ul>	its may be served as provided by Section
713.13(1)(a)7., Florida Statutes: 2	
a) Name and address: N/H	
b) Telephone No.:	
8. In addition to himself or herself, Owner designates the following person to receive a copy of the	ne lienor's Notice as provided in
Section 713.13(I)(b), Florida Statutes:	
a) Name:OF	
b) Telephone No.: /	
9. Expiration date of Notice of Commencement (the expiration date will be 1 year from the dat	e of recording unless a different date
is specified):	
WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EX	PIRATION OF THE NOTICE OF
THE PROPERTY OF A SECOND PROPERTY OF THE PROPE	
INISPECTION IE VOILINTEND TO OBTAIN FINANCING, CONSULT FOOR LENDER	R OR AN ATTORNEY BEFORE
COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.	
STATE OF FLORIDA	
	the sized Office/Director/Partner/Manager
COUNTY OF COLUMBIA  Signature of Owner or Lessee, or Owner's or Lessee's Au	athorized Office/Director/1 artifici/manager
Money Davies	
Printed Name and Signatory's Title/Office	ce
The foregoing instrument was acknowledged before me, by means of physical presence o	r online notarization, a Florida Notary
	as
this 28 day of FEBRUARY 2025 by:	(Type of Authority)
for NANCY DAVIES	OR produced identification
for NANCY DAVIES  (name of party on behalf of whom instrument was executed).  MY COMMISSION  Type	
(name of party of schools Type	ID.
EXPIRES 7-29-2027	
Netary Signature Asset Maria 8: (Notary Stamp or Sea)	
Notary Signature	