Inst. Number: 202412007426 Book: 1512 Page: 531 Page 1 of 1 Date: 4/11/2024 Time: 12:25 PM James M Swisher Jr Clerk of Courts, Columbia County, Florida

NOTICE OF COMMENCEMENT

Clerk's Office:

| NOTICE OF COMMENCEMENT | Clerk's Office Stamp |
|--|---|
| Tax Parcel Identification Number | |
| 22-3S-16-02268-233 (7820) | |
| THE UNDERSIGNED hereby gives notice that improvement of the Florida Statutes, the following information is prov | ents will be made to certain real property, and in accordance with Section 713.13 wided in this NOTICE OF COMMENCEMENT |
| 1 Description of property (legal description): LT 33 WOO | DBOROUGH PHASE 1 678-580 794-1555 867-2021 WD 1421-874, |
| a) Street (job) Address. 1198 NE SCENIC LAKE DR 2 General description of improvements. BATHROOM RE | LAKE CITY FL 32055 MODEL AND ADDITION |
| | |
| Owner Information or Lessee information if the Lesse Name and address: CARLTON & GEORGIA JONES | 1198 NE SCENIC LAKE DR. LAKE CITY FL 32055 |
| b) Name and address of fee simple titleholder c) Interest in property | (if other than owner) |
| 4. Contractor Information | |
| a) Name and address: O'NEAL CONTRACTING INC b) Telephone No 386-752-7578 | PO BOX 3505 LAKE CITY FL 32056 |
| 5. Surety Information (if applicable, a copy of the payments) | ent bond is attached). |
| a) Name and address N/A | |
| c) Telephone No | |
| 6 Lender | |
| a) Name and address: N/A | |
| 7 Person within the State of Florida designated by Own 713 13(1)(a)7 , Florida Statutes | ner upon whom notices or other documents may be served as provided by Section |
| a) Name and address. b) Telephone No.: | |
| b) Telephone No | OF |
| is specified): | • |
| COMMENCEMENT ARE CONSIDERED IMPRO FLORIDA STATUTES, AND CAN RESULT IN YO NOTICE OF COMMENCEMENT MUST BE RECO INSPECTION. IF YOU INTEND TO OBTAIN FIN. COMMENCING WORK OR RECORDING YOUR STATE OF FLORIDA COUNTY OF COLUMBIA Signature of Ov | DE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF PER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, UR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY; A ORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST ANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE R NOTICE OF COMMENCEMENT. Vener of Lessee, or Owner's or Lessee's Authorized Office/Director/Partner/Manager ARLION Printed Name and Signatory's Title/Office |
| | |
| | e, by means of v physical presence or online notarization, a Florida Notary, 4, by: Carlton Jones as owner |
| | (Name of Person) (Type of Authority) |
| for | who is personally known OR produced identification V |
| (name of party on behalf of whom instrument was | Type Drivers License |
| Notary Signature Common Signature | Notary Stamp or Seal Notary Stamp or Seal Notary Public - State of Florida Commission # HH 355519 My Comm. Expires Jan 29, 2027 Bonded through National Notary Assn. |