

THIS SPACE FOR CLERK'S RECORDING:

Permit No. _____
Tax Folio/Parcel ID: 22-79-16-04292-003

NOTICE OF COMMENCEMENT

THE UNDERSIGNED hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement:

1. Description of property: (legal description of property, and street address if available) 417 SW Dart DR, Fort White, FL
SE 1/4 OF SE 1/4 OF NE 1/4 POA 1011-2786, WD 1011-2787, FS. 1423-1419, WD 1423-1418
2. General description of improvement: Remove old shingles, Replace with new shingles
3. Owner information:
 - a. Name and address: Manufacturing Industries inc PO Box 612, Anderson, WV 24910
 - b. Phone number: 304-646-3522
 - c. Name and address of fee simple titleholder (if other than owner): _____
4. Contractor:
 - a. Name and address: Worthman Roofing and Gutters 17810 NW US Hwy 441, High Springs, FL, 32643
 - b. Phone number: 352-472-3228
5. Surety:
 - a. Name and address: _____
 - b. Amount of bond \$ _____
 - c. Phone number: _____
6. Lender:
 - a. Name and address: _____
 - b. Phone number: _____
7. Persons with the State of Florida designated by Owner upon whom notices or other documents may be served as provided in Section 713.13(1)(a)7, Florida Statutes:
 - a. Name and address: _____
 - b. Phone number: _____
8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:
 - a. Name and address: _____
 - b. Phone number: _____
9. The expiration date of the notice of commencement is one (1) year from the date of recording unless a different date is specified: _____

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 WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Shawn C. Quillen

Signature of Owner or Owner's Authorized Officer/Partner/Manager

SHAWN C. QUILLEN

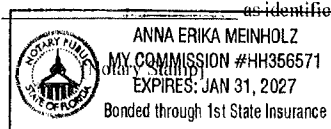
Printed Name

Title/Office

STATE OF FLORIDA

COUNTY OF Columbia

The foregoing instrument was acknowledged before me this 7 day of October, 2024 by Shawn C. Quillen
(name of person) as owner (type of authority: e.g., officer, trustee, attorney-in-fact) for _____
(name of party on behalf of whom instrument was executed), who is personally known to me or who has produced _____
as identification.



[Signature]
Signature of Notary Public

Verification Pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Shawn C. Quillen
Signature of Natural Person Signing Above