

NOTICE OF COMMENCEMENT

(PREPARE IN DUPLICATE)

Permit No. _____
State of FL Tax Folio No. _____
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: (AKA PART OF LOT 6 MAGNOLIA ACRES S/D UNREC DESC AS): COMM NE COR OF SEC, RUN S 728.67 FT, W 1275.14 FT FOR POB CONT W 636.54 FT, S 685.08 FT E 636.54 FT N 658.08 FT TO POB EX 1 AC DESC ORS 1169-328, 333, CFD 808-757, WD 1169-333
Address of property being improved: _____

239 SW IRIS CT LAKE CITY FL 32024
General description of improvements: ROOF REPLACEMENT

Owner Carter Keith T Carter Wanda A
Address 239 SW IRIS CT 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, designated by owner upon whom notices or other documents may be served:

Name _____

Address _____

Phone No. _____ Fax No. _____

In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.08 (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

Signed: Keith T Carter DATE 6/28/23
Notary Public, State of Florida, has personally appeared _____

herein by
himself/ herself and affirms that all statements and declarations herein
are true and accurate

Notary Public at Large, State of FL County of Columbia
My commission expires: 12/30/2025
Personally Known _____ or
Produced Identification DL

