



Electronically Certified Official Record

DOCUMENT INFORMATION

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| Agency Name: | Columbia County Clerk of the Circuit Court and Comptroller |
| Clerk of the Circuit Court: | The Honorable James M. Swisher, Jr. |
| Date Issued: | 12/9/2025 1:45:14 PM |
| Unique Reference Number: | BAA-DAAB-BCACD-CACFBCACHHBF-GAIDEB-G |
| Instrument Number: | 202512027715 |
| Requesting Party Code: | 3001 |
| Requesting Party Reference: | 31B29AF7-6B35-2565-9C0E-C057F03C131F-SF |

CERTIFICATION

Pursuant to Sections 90.955(1) and 90.902(1), Florida Statutes, and Federal Rules of Evidence 901(a), 901(b)(7), and 902(1), the attached document is electronically certified by The Honorable James M. Swisher, Jr., Columbia County Clerk of the Circuit Court and Comptroller, to be a true and correct copy of an official record or document authorized by law to be recorded or filed and actually recorded or filed in the office of the Columbia County Clerk of the Circuit Court and Comptroller. The document may have redactions as required by law.

HOW TO VERIFY THIS DOCUMENT

This document contains a Unique Reference Number for identification purposes and a tamper-evident seal to indicate if the document has been tampered with. To view the tamper-evident seal and verify the certifier's digital signature, open this document with Adobe Reader software. You can also verify this document by scanning the QR code or visiting <https://Verify.Clerkecertify.com/VerifyImage>.

**The web address shown above contains an embedded link to the verification page for this particular document.



Recording Stamp



TAX ID/PARCEL #:

26-75-16-04336-005

NOTICE OF COMMENCEMENT

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, 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 5 Buie's Retreat S/D 623-524
a. Street (job) Address: 522 SW Rum Island Ter Ft. White Florida 32638
2. **General description of improvements:** Metal Re-Roof
3. **Owner Information or Lessee information if the Lessee contracted for the improvements**
a. Name and Address: William C Fargason 522 SW Rum Island Ter Ft White FL 32038
b. Name and Address of fee simple titleholder (if other than owner):
c. Interest in property: Fee Simple
4. **Contractor Information**
a. Name and Address: Hickman Metal Roofing 6201 NW 123rd Pl Gainesville FL 32653
b. Telephone #: 352-377-0101
5. **Surety Information (if applicable, a copy of the payment bond is attached)**
a. Name and Address: N/A
b. Amount of Bond:
c. Telephone #:
6. **Lender**
a. Name and Address: N/A
b. Telephone #:
7. **Person within the State of Florida designated by Owner upon whom notices, or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes**
a. Name and Address:
b. Telephone #:
8. **In addition to himself or herself, Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes**
a. Name:
b. Telephone #:
9. **Expiration date of Notice of Commencement (the expiration date will be 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 SITE OF THE IMPROVEMENT 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.

STATE OF FLORIDA
COLUMBIA COUNTY

William C Fargason
Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager
Owner
Printed Name and Signatory's Title/Office

The foregoing instrument was acknowledged before me by means of ☒ physical presence or sworn to (or affirmed) by ☐ online notarization 8th day of December, 2025 by William C Fargason

as Owner for Owner
TYPE OF AUTHORITY - OFFICER, TRUSTEE, ATTORNEY IN FACT NAME OF PART ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

Personally Known ☒ OR Produced Identification ☐ Type of ID Produced _____

Derek Hickman
SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA
PRINT, TYPE, OR STAMP COMMISSIONED NAME OF NOTARY PUBLIC
HH622017



DEREK HICKMAN
Notary Public
State of Florida
Comm# HH622017
Expires 3/16/2029

Published 10/2025