

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 503156

Entity Name: NELSON INDUSTRIES, INC.**Current Principal Place of Business:**3721 SAN JOSE PLACE
SUITE 5
JACKSONVILLE, FL 32259**Current Mailing Address:**PO BOX 600138
JACKSONVILLE, FL 32260**FEI Number:** 59-1666408**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NELSON, E. MARK
3721 SAN JOSE PLACE
JACKSONVILLE, FL 32260 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|----------------------|
| Title | PDT |
| Name | NELSON, E. MARK |
| Address | 1495 WELLS ROAD |
| City-State-Zip: | ORANGE PARK FL 32073 |

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|-----------------|----------------------|
| Title | VSD |
| Name | NELSON, CAROLYN S. |
| Address | 1495 WELLS ROAD |
| City-State-Zip: | ORANGE PARK FL 32073 |

| | |
|-----------------|-----------------------|
| Title | PDT |
| Name | NELSON, E. MARK |
| Address | 3721 SAN JOSE PLACE |
| City-State-Zip: | JACKSONVILLE FL 32259 |

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|-----------------|-----------------------|
| Title | VSD |
| Name | NELSON, CAROLYN S. |
| Address | 3721 SAN JOSE PLACE |
| City-State-Zip: | JACKSONVILLE FL 32259 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: E MARK NELSON**PRESIDENT****01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date