

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000120199

**Entity Name:** D R NICKELSON & COMPANY, INC

**Current Principal Place of Business:**

229 NW WILKS LANE  
LAKE CITY, FL 32055

**FILED**  
**Mar 15, 2018**  
**Secretary of State**  
**CC7978043151**

**Current Mailing Address:**

P O BOX 1744  
LAKE CITY, FL 32056

**FEI Number: 30-0006404**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NICKELSON, DALE R  
467 SW WALTER AVE  
LAKE CITY, FL 32024 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	P	Title	SECRETARY
Name	NICKELSON, DALE	Name	NICKELSON, TIMOTHY J
Address	467 SW WALTER AVE	Address	P O BOX 1744
City-State-Zip:	LAKE CITY FL 32024	City-State-Zip:	LAKE CITY FL 32056

*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: DALE R. NICKELSON**

**PRESIDENT**

**03/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date