ANNUAL REPORT
1995

Division of Corporations

95 APR 18 PM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25973 (9)

1. Corporation Name
M. R. NICKERSON, INC.

Principal Place of Business	Mailing Address
9750 NELSON RD DADE CITY FL 33525 US	% ROXANNE N PUTNAM RT 1 BOX 2360 MAPLETON ME 04757 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/07/1989
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 01-0264733 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NICKERSON, MERLE R. 9750 NELSON RD DADE CITY FL 33525	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	PUTNAM, ROXANNE N	12 NAME	
STREET ADDRESS	RT 1 BOX 2360	13 STREET ADDRESS	
CITY-ST-ZIP	MAPLETON ME	14 CITY-ST-ZIP	
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	NICKERSON, LOIS P.	22 NAME	
STREET ADDRESS	9750 NELSON RD	23 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	NICKERSON, LOIS P.	32 NAME	
STREET ADDRESS	9750 NELSON RD	33 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	NICKERSON, MERLE R	42 NAME	
STREET ADDRESS	9750 NELSON RD	43 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Merle R. Nickerson 4/13/95 904-567-0935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0463934 FN