FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:34

DOCUMENT # P94000074530 (4)

1. Corporation Name

NICKELL PUBLISHING, INC.

Principal Place of Business	Mailing Address
407 WHOOPING LOOP, 1655 ALTAMONTE SPRINGS FL 32701	407 WHOOPING LOOP, 1655 ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 10/05/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. P.O. Box 1559
23 City & State	28 City & State Venice FL
24 Zip / 25 Country	29 Zip 34284 / 30 Country US

4. FEI Number: 65-0533888 — 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

8. The 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
REEGLER, LYNN 1521 S TAMIAMI TRL, 304 VENICE FL 34292	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 617.0502, 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 and agree to comply with the provisions of section 607.0505, Florida Statutes.

SIGNATURE: *Kyle Nickell* *President* *3-17-95*

12. Officers and Directors		13. Additions/Changes to Officers and Directors	
Title	D	Title	*President* ☑ Change ☐ Addition
Name	NICKELL, KYLE	Name	*Nickell, Kyle*
Street Address	PO BOX 1559	Street Address	*PO BOX 1559*
City-St-Zip	VENICE FL 34284	City-St-Zip	*Venice, FL 34284*
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

REMITTED BY MAY 1

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *Kyle Nickell* *3-17-95* *(813) 408-1319*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036903 CP