

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000018297

**Entity Name:** ANTHONY DICKERSON LAWN SERVICE INC

**Current Principal Place of Business:**

4646 WILLIAMSBURG AVE  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

4646 WILLIAMSBURG AVE  
JACKSONVILLE, FL 32208

**FEI Number:** 26-4663148

**Certificate of Status Desired:** Yes

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

DICKERSON, ANTHONY  
4646 WILLIAMSBURG AVE  
JACKSONVILLE, FL 32208 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 PD  
Name DICKERSON, ANTHONY  
Address 4646 WILLIAMSBURG AVE  
City-State-Zip: JACKSONVILLE FL 32208

Title DIR  
Name DICKERSON, ANTHONY  
Address 4646 WILLIAMSBURG AVE  
City-State-Zip: JACKSONVILLE FL 32208

Title VP  
Name DICKERSON, LAWANDA  
Address 4646 WILLIAMSBURG AVE  
City-State-Zip: JACKSONVILLE FL 32208

Title SEC  
Name DICKERSON, LAWANDA  
Address 4646 WILLIAMSBURG AVE  
City-State-Zip: JACKSONVILLE FL 32208

Title TRE  
Name DICKERSON, ANTHONY  
Address 4646 WILLIAMSBURG AVE  
City-State-Zip: JACKSONVILLE FL 32208

Title TRE  
Name DICKERSON, LAWANDA  
Address 4646 WILLIAMSBURG AVE  
City-State-Zip: JACKSONVILLE FL 32208

*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:** ANTHONY DICKERSON

**PRESIDENT**

**04/20/2018**

Electronic Signature of Signing Officer/Director Detail

Date