

2025 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 01/27/2025

General Information

Name: Hon A. Michael Hickox

PID 245383

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 01/01/2025

AGENCY INFORMATION

Organization	Suborganization	Title
Nassau County	Elected Constitutional Officer	Property Appraiser

Net Worth

My Net Worth as of January 1, 2025 was \$ 1,086,059.00.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 87,500.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
621 South Fletcher Ave., Fernandina Beach	\$ 950,000.00
223 Brooks Mill Rd., Ideal, GA	\$ 375,000.00
Edward Jones Sep IRA	\$ 69,092.00
Edward Jones Single-1	\$ 8,259.00
Edward Jones Triad IRA	\$ 75,802.00
Edward Jones cash	\$ 3,248.00
First Federal Bank cash	\$ 7,900.00

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
Truist Bank	PO Box 27767, Richmond, VA 23261	\$ 299,809.00
Capital City	PO Box 900, Tallahassee, FL 32302	\$ 187,796.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2025, through the last date you held the office or position, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Nassau County Property Appraiser	96135 Nassau Pl, Yulee, FL 32097	\$ 146,994.47

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses**Business Entity # 1**

N/A

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6F and that the facts stated in it are true.

A. Michael Hickox

Digitally signed: **01/27/2025**

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