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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J77687 (8)

1. Corporation Name
TOMLINSON INSTRUMENTS & CONTROLS, INC.

Principal Place of Business

~~1640 CAPITAL CIRCLE, N.E.~~
P.O. BOX 20188
TALLAHASSEE FL 32308
US

Mailing Address

* MARGARET R. TOMLINSON
P.O. BOX 20188
TALLAHASSEE FL 32316-0188



2. Principal Place of Business

21 568-J APPELYARD DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 NO CHANGE
Suite, Apt. #, etc.

22 City & State

23 TALLAHASSEE, FL

24 32304
Zip

25 US
Country

27 City & State

28
Zip

30
Country

3. Date Incorporated or Qualified

06/15/1987

3a. Date of Last Report

07/12/1996

4. FEI Number

59-2877446

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TOMLINSON, MARGARET R.
892 MADERIA CIRCLE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME TOMLINSON, MARGARET R.
STREET ADDRESS 892 MADERIA CIRCLE
CITY- ST- ZIP TALLAHASSEE FL ☐ DELETE

TITLE D
NAME RACHAL, SHANNON E
STREET ADDRESS 3084 FLORAL WAY E.
CITY- ST- ZIP APOPKA FL ☐ DELETE

TITLE D
NAME MOMBERGER, MARGARET
STREET ADDRESS 1815 DAUPHINE LN
CITY- ST- ZIP ORLANDO FL ☐ DELETE

TITLE D
NAME TOMLINSON, WHITNEY A.
STREET ADDRESS 892 MADERIA CIRCLE
CITY- ST- ZIP TALLAHASSEE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0080073

CR2E034 (9/96)