

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J77687

1. Entity Name

TOMLINSON INSTRUMENTS & CONTROLS, INC.



Principal Place of Business

576-E APPELYARD DRIVE  
TALLAHASSEE, FL 32304 US

Mailing Address

% MARGARET R. TOMLINSON  
P.O. BOX 20188  
TALLAHASSEE, FL 32316

FILED

04 APR 30 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2877446

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TOMLINSON, MARGARET R.  
892 MADERIA CIRCLE  
TALLAHASSEE, FL 32312

DO NOT WRITE  
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME TOMLINSON, MARGARET R  
STREET ADDRESS 892 MADERIA CIRCLE  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE D  
NAME RACHAL, SHANNON E  
STREET ADDRESS 123 PINECREST AVENUE  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE D  
NAME MOMBERGER, MARGARET E  
STREET ADDRESS 100 N. ST. ANDREWS DRIVE  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D  
NAME TOMLINSON, WHITNEY A.  
STREET ADDRESS 892 MADERIA CIRCLE  
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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DO NOT WRITE  
IN THIS SPACE

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

880 575-5225

Daytime Phone #