

**2007 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

07 SEP 14 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06122007 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOMLINSON, MARGARET R 892 MADERIA CIRCLE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACHAL, SHANNON E 90 N. ST ANDREWS DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOMBERGER, MARGARET E 100 N. ST. ANDREWS DRIVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMLINSON, WHITNEY A. 1513 COLONIAL DRIVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

600103596296
09/18/07--01070--011 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Margaret R. Tomlinson / Margaret R. Tomlinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/14/07
Daytime Phone #