

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000057056 1. Entity Name THE MO TOM CORPORATION	
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Principal Place of Business 959 MASSACHUSETTS AVE PENSACOLA, FL 32505	Mailing Address 959 MASSACHUSETTS AVE PENSACOLA, FL 32505
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DO NOT WRITE IN THIS SPACE

01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3654190	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROLLINS, MONTGOMERY G
959 MASSACHUSETTS AVE
PENSACOLA, FL 32505**

**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: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLLINS, MONTGOMERY G 959 W. MASSACHUSETTS AVE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLLINS, THOMAS G 4301 N HOLLYWOOD BLVD PENSACOLA, FL 32505
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02/20/08-80101-023 158.75

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: M G Rollins 1/7/08 850-432-0921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #