

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000128885

**Entity Name:** TOM ALLISON, INC.

**Current Principal Place of Business:**

45 HERRINGBONE WAY  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

45 HERRINGBONE WAY  
ORMOND BEACH, FL 32174 US

**FEI Number:** 20-0390389

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WELCH, MATTHEW S  
150 S. PALMETTO AVE.  
DAYTONA BEACH, FL 32114 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            ALLISON, THOMAS J  
Address        45 HERRINGBONE WAY  
City-State-Zip: ORMOND BEACH FL 32174

Title            S  
Name            ALLISON, MARGARET  
Address        45 HERRINGBONE WAY  
City-State-Zip: ORMOND BEACH FL 32174

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS J. ALLISON

**PRESIDENT**

**01/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date