

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000030377

**FILED**  
**Apr 15, 2017**  
**Secretary of State**  
**CC3378996768**

**Entity Name:** TPC ACQUISITION CO.

**Current Principal Place of Business:**

880 CARILLON PARKWAY  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

880 CARILLON PARKWAY  
ST. PETERSBURG, FL 33716 US

**FEI Number:** 47-3658152

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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 CHIEF FINANCIAL OFFICER AND  
TREASURER  
Name FRANZ, RICHARD B. II  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title PRESIDENT & CEO  
Name STOLZ, SCOTT L.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title VP  
Name SWINK, JAMES  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title ASSISTANT SECRETARY  
Name HAWKE, DEBORAH A.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title ASSISTANT TREASURER  
Name ALLEN, BRADLEY W.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name CURTIS, SCOTT A.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name ZANK, DENNIS W.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name STOLZ, SCOTT L.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

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*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:** ELIZABETH J. MAZIAD

**SECRETARY**

**04/15/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CHIEF COMPLIANCE OFFICER, VICE PRESIDENT  
AND SECRETARY  
Name MAZIAD, ELIZABETH J.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716