

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000090516

**Entity Name:** COPPER 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:** 85-4240992

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 COMPLIANCE OFFICER  
Name THURSTON, CHRISTOPHER S.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title ASSISTANT SECRETARY  
Name BAHR, KARY G.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title ASSISTANT TREASURER  
Name STEVENSON, CASSANDRA COOK  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

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

Title ASSISTANT SECRETARY  
Name SUZANSKI, ELIZABETH R.  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name JENSON, KIM  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title PRESIDENT  
Name BROWN, ADAM  
Address 880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR  
Name GUICE, BROCK A.  
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:** WILLIAM SEUGLING

**SECRETARY**

**04/19/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name            GUICE, BROCK A.  
Address         880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title            SECRETARY  
Name            SEUGLING, WILLIAM  
Address         880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title            DIRECTOR  
Name            SEUGLING, WILLIAM  
Address         880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716

Title            CFO  
Name            BROWN, ADAM  
Address         880 CARILLON PARKWAY  
City-State-Zip: ST. PETERSBURG FL 33716