

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35789

Entity Name: COPPINS MONROE, P.A.**Current Principal Place of Business:**1319 THOMASWOOD DR
TALLAHASSEE, FL 32308**Current Mailing Address:**1319 THOMASWOOD DR
TALLAHASSEE, FL 32308 US**FEI Number:** 59-3122671**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADKINS, GWENDOLYN P
1319 THOMASWOOD DR
TALLAHASSEE, FL 32308 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 VP, DIRECTOR
Name COPPINS, MICHAEL F
Address 2925 COLDSTREAM DR
City-State-Zip: TALLAHASSEE FL 32312

Title PRESIDENT, DIRECTOR
Name ADKINS, GWENDOLYN P
Address 4352 MAYLOR RD.
City-State-Zip: TALLAHASSEE FL 32308

Title SECRETARY, TREASURER,
DIRECTOR
Name DINCMAN, HOLLY A
Address 2862 ROYAL ISLE DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title VP, DIRECTOR
Name SEAGLE, SCOTT S
Address 6257 BUCK RUN CIRCLE
City-State-Zip: TALLAHASSEE FL 32312

Title D
Name SCHARLEPP, ZACKERY A
Address 1319 THOMASWOOD DRIVE
City-State-Zip: TALLAHASSEE FL 32308

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: GWENDOLYN P. ADKINS

PRESIDENT

04/22/2019

Electronic Signature of Signing Officer/Director Detail_____
Date