

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # V35789

1. Entity Name

**COPPINS MONROE ADKINS DINCMAN & SPELLMAN,
P.A.**



Principal Place of Business

**1319 THOMASWOOD DR
TALLAHASSEE, FL 32312**

Mailing Address

**P.O. BOX 14447
TALLAHASSEE, FL 32317-4447**



04162008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3122671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**COPPINS, MICHAEL F
1319 THOMASWOOD DR
TALLAHASSEE, FL 32312**

**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

Signature, typed or printed name of registered agent and title if applicable

(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**

**U00000914667
05/08/08-80065-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COPPINS, MICHAEL F
STREET ADDRESS	2925 COLDSTREAM DR
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	STD
NAME	ADKINS, GWENDOLYN P
STREET ADDRESS	4352 MAYLOR RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VD
NAME	DINCMAN, HOLLY A
STREET ADDRESS	2862 ROYAL ISLE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	VD
NAME	SPELLMAN, MICHAEL P
STREET ADDRESS	3112 ORTEGA DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Gwendolyn P Adkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 (850) 432-2420
DATE Daytime Phone #