

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V35789

**Entity Name:** COPPINS MONROE, P.A.

**Current Principal Place of Business:**

2316 KILLEARN CENTER BLVD  
SUITE 202  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

2316 KILLEARN CENTER BLVD  
SUITE 202  
TALLAHASSEE, FL 32309 US

**FEI Number:** 59-3122671

**Certificate of Status Desired:** No

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

ADKINS, GWENDOLYN P  
2316 KILLEARN CENTER BLVD  
SUITE 202  
TALLAHASSEE, FL 32309 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            PRESIDENT, DIRECTOR  
Name            ADKINS, GWENDOLYN P  
Address        4352 MAYLOR RD.  
City-State-Zip: TALLAHASSEE FL 32308

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

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

Title            DIRECTOR  
Name            SCHARLEPP, ZACKERY A  
Address        2513 CHAMBERLIN 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 ADKINS

**PRESIDENT**

**03/12/2025**

Electronic Signature of Signing Officer/Director Detail

Date