

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004271

**FILED**  
**Jun 18, 2020**  
**Secretary of State**  
**0410106348CC**

**Entity Name:** ACAC HOLDING CORPORATION

**Current Principal Place of Business:**

55 FIRST STREET SOUTH  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

55 FIRST STREET SOUTH  
ST. PETERSBURG, FL 33701 US

**FEI Number:** 81-1691990

**Certificate of Status Desired:** Yes

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

KARD, CHRISTOPHER H  
55 FIRST STREET SOUTH  
ST. PETERSBURG, FL 33701 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 DIR  
Name ROHDE, GILBERT C JR.  
Address 55 FIRST STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIR  
Name RUPPEL, CHRIS D  
Address 55 FIRST STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIRECTOR  
Name SHER, CRAIG H  
Address 55 FIRST STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title DIR, CEO  
Name WILLIS, ROBERT H JR  
Address 55 FIRST STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title TREAS, CFO  
Name HILLIER, TREVOR C.  
Address 55 FIRST STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title CHAIRMAN, SECRETARY, DIRECTOR  
Name RUPPEL, DENNIS G  
Address 55 FIRST STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title PRESIDENT  
Name KARD, CHRISTOPHER H.  
Address 55 FIRST STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

Title VP  
Name PETERSON, PHILIP G III  
Address 55 FIRST STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

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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:** CHRISTOPHER H KARD

**PRESIDENT**

**06/18/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CHIEF RISK OFFICER  
Name FOX, ROBERT C  
Address 55 FIRST STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701