

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000079339

**Entity Name:** SUNSHINE SECURITY INSURANCE AGENCY, INC.

**FILED**  
**Apr 14, 2017**  
**Secretary of State**  
**CC9319531206**

**Current Principal Place of Business:**

1 ASI WAY  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

1 ASI WAY  
ST PETERSBURG, FL 33702

**FEI Number: 11-3644072**

**Certificate of Status Desired: No**

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

MILKEY, KEVIN RS  
1 ASI WAY  
ST PETERSBURG, FL 33702 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           PTD  
Name           AUER, JOHN F  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title           S  
Name           MILKEY, KEVIN R  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title           VP  
Name           CONLIN, ANGEL D  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title           VP  
Name           HILLIER, TREVOR C  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title           DIRECTOR  
Name           DOMECK, BRIAN C  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title           DIRECTOR  
Name           RENWICK, GLENN M  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title           DIRECTOR  
Name           CALLAHAN, PATRICK K  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title           DIRECTOR  
Name           FASTEAU, MARC  
Address        1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

*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: AUER , JOHN F**

**JIM PERKINS, ATTORNEY- 04/14/2017  
IN-FACT**

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

\_\_\_\_\_  
Date