

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000079339

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

**Current Principal Place of Business:**

1 ASI WAY  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

1 ASI WAY  
ST PETERSBURG, FL 33702 US

**FEI Number: 11-3644072**

**Certificate of Status Desired: No**

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

CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 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 P, D  
Name PRATT , DAVID LLOYD  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title VP, DIRECTOR  
Name O'NUALLAIN , KELLIE A  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR  
Name FJARE , TANYA JUDITH  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title VP  
Name BATES , SHERRI  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title T, DIRECTOR  
Name PLESS , ALBERT G  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title VP, S  
Name SUNDBERG, KATHLEEN  
Address 1 ASI WAY  
City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR  
Name MCCRINK , PATRICK T.  
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: KATHLEEN SUNDBERG**

**VP, S, BY LAUREN  
DUEMIG, ATTORNEY-IN-  
FACT**

**03/28/2022**

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

\_\_\_\_\_  
Date