

2016 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

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: KEVIN MILKEY

SECRETARY

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date