2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000003028

Entity Name: STARKWEATHER & SHEPLEY INSURANCE BROKERAGE

INCORPORATED

Current Principal Place of Business:

13420 PARKER COMMONS BLVD. SUITE 105

FT MYERS, FL 33912-1867

Current Mailing Address:

P.O. BOX 549

PROVIDENCE, RI 02901-0549

FEI Number: 05-0222530 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 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

FILED Mar 23, 2017

Secretary of State

CC0446374253

Officer/Director Detail:

Title CEO, CHAIRMAN, DIRECTOR Title SECRETARY, DIRECTOR Name KEEFE, LAWRENCE E Name DEWARE, STEVEN E

P.O. BOX 549 P.O. BOX 549 Address Address

PROVIDENCE RI 02901-0549 City-State-Zip: PROVIDENCE RI 02901-0549 City-State-Zip:

CFO Title Title COO, PRESIDENT, DIRECTOR

ANDERSON, RICHARD W Name SOFORENKO, DAVID B Name

Address P.O. BOX 549 P.O. BOX 549 Address

City-State-Zip: PROVIDENCE RI 02901-0549 City-State-Zip: PROVIDENCE RI 02901-0549

Title **DIRECTOR** Title DIRECTOR

Name PLUMB. PETER C FOTOPULOS, ANDREW J Name

Address P.O. BOX 549 Address P.O. BOX 549

City-State-Zip: PROVIDENCE RI 02901-0549 PROVIDENCE RI 02901-0549 City-State-Zip:

Title **TREASURER**

Name GULDHAUGE, AMY E

P.O. BOX 549 Address

City-State-Zip: PROVIDENCE RI 02901-0549

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: AMY GULDHAUGE **TREASURER** 03/23/2017

Electronic Signature of Signing Officer/Director Detail

Date