## **2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000018185

Entity Name: ASI PREFERRED INSURANCE CORP.

**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: 26-1996532 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

FILED Mar 28, 2022

**Secretary of State** 

8111739654CC

Officer/Director Detail:

Title PRESIDENT, CEO, DIRECTOR Title TREASURER, DIRECTOR

Name PRATT, DAVID LLOYD Name PLESS, ALBERT G

Address 1 ASI WAY Address 1 ASI WAY

City-State-Zip: ST PETERSBURG FL 33702 City-State-Zip: ST PETERSBURG FL 33702

Title VP, SECRETARY Title VP, DIRECTOR

Name SUNDBERG, KATHLEEN Name FJARE, TANYA JUDITH

Address 1 ASI WAY Address 1 ASI WAY

City-State-Zip: ST PETERSBURG FL 33702 City-State-Zip: ST PETERSBURG FL 33702

Title VP Title VP, DIRECTOR

Name BATES, SHERRI Name MCCRINK, PATRICK THOMAS

Address 1 ASI WAY Address 1 ASI WAY

City-State-Zip: ST PETERSBURG FL 33702 City-State-Zip: ST PETERSBURG FL 33702

Title DIRECTOR

Name O'NUALLAIN, KELLIE A.

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, SECRETARY, BY LAUREN DUEMIG, ATTORNEY-IN-FACT 03/28/2022