

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000080915

Entity Name: VERO INSURANCE, INC.

Current Principal Place of Business:

3339 CARDINAL DRIVE
VERO BEACH, FL 32963

Current Mailing Address:

P.O. BOX 643250
VERO BEACH, FL 32964 US

FEI Number: 65-0865191

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEYER, JEFFREY P
3339 CARDINAL DRIVE
VERO BEACH, FL 32963 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 PRESIDENT, DIRECTOR
Name SCHWIERING, JONATHAN L
Address 3339 CARDINAL DRIVE
City-State-Zip: VERO BEACH FL 32963

Title SECRETARY, DIRECTOR
Name STRUVE, NICHOLAS J
Address 3339 CARDINAL DRIVE
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name EMMONS, BRADFORD R
Address 3339 CARDINAL DRIVE
City-State-Zip: VERO BEACH FL 32963

Title DIRECTOR
Name CELEDINAS, RAY S
Address 3339 CARDINAL DRIVE
City-State-Zip: VERO BEACH FL 32963

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: JONATHAN L. SCHWIERING

PRESIDENT

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date