

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000003794

Entity Name: PROPERTYPLUS INSURANCE AGENCY, INC.

Current Principal Place of Business:

1 ASI WAY N
ST. PETERSBURG, FL 33702

Current Mailing Address:

1 ASI WAY N
ST. PETERSBURG, FL 33702 US

FEI Number: 47-4504370

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 PRESIDENT, SECRETARY
Name MILKEY, KEVIN
Address 1 ASI WAY N
City-State-Zip: ST. PETERSBURG FL 33702

Title EVP
Name NETTLETON, MARK
Address 1 ASI WAY N
City-State-Zip: ST. PETERSBURG FL 33702

Title SVP
Name LEWIS, GREG
Address 1 ASI WAY N
City-State-Zip: ST. PETERSBURG FL 33702

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

Title DIRECTOR
Name MCCRINK , PATRICK T.
Address 1 ASI WAY N
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name PLESS, ALBERT G.
Address 1 ASI WAY N
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

**PRESIDENT,
SECRETARY, BY LAUREN
DUEMIG, ATTORNEY-IN-
FACT**

03/28/2022

Electronic Signature of Signing Officer/Director Detail

Date