

2016 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

FEI Number: 47-4504370

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CP
Name AUER, JOHN
Address 1 ASI WAY N
City-State-Zip: ST. PETERSBURG FL 33702

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

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

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

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

Title VP
Name HILLIER, TREVOR
Address 1 ASI WAY N
City-State-Zip: ST. PETERSBURG FL 33702

Title S
Name CONLIN, ANGEL
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

EVP

04/21/2016

Electronic Signature of Signing Officer/Director Detail

Date