

**2020 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:**

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 D  
Name AUER, JOHN  
Address 1 ASI WAY N  
City-State-Zip: ST. PETERSBURG FL 33702

Title P, S, D  
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

*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: BATES , SHERRI**

**ANGELA MARTIN,  
ATTORNEY-IN-FACT**

**02/24/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date