

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004694

**Entity Name:** FIS PRIME ASSOCIATES, INC.

**Current Principal Place of Business:**

601 RIVERSIDE AVE  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

601 RIVERSIDE AVE  
JACKSONVILLE, FL 32204 US

**FEI Number: 11-2633848**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
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 ASSISTANT SECRETARY  
Name BURGESS, DEBRA H  
Address 601 RIVERSIDE AVE.  
City-State-Zip: JACKSONVILLE FL 32204

Title TREASURER  
Name COUTURIER, JASON L.  
Address 601 RIVERSIDE AVE.  
City-State-Zip: JACKSONVILLE FL 32204

Title PRESIDENT  
Name NORCROSS, GARY A.  
Address 601 RIVERSIDE AVE.  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name OATES, MICHAEL P.  
Address 601 RIVERSIDE AVE.  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name MAYO, MARC M.  
Address 601 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name GRAVELLE, MICHAEL L.  
Address 601 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name GEORGE, P. SCANLON  
Address 601 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR  
Name NORCROSS, GARY A  
Address 601 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32204

*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: DEBRA H BURGESS**

**ASSISTANT SECRETARY 04/06/2017**

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

\_\_\_\_\_  
Date