

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000005154

**FILED**  
**Mar 02, 2018**  
**Secretary of State**  
**CC1760479921**

**Entity Name:** PRESTIGE GUNITE, INC.

**Current Principal Place of Business:**

8529 SOUTH PARK CIRCLE, SUITE 320  
ORLANDO, FL 32819

**Current Mailing Address:**

8529 SOUTH PARK CIRCLE, SUITE 320  
ORLANDO, FL 32819 US

**FEI Number:** 45-0573779

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 ADMIN VICE PRESIDENT, ASSISTANT SECRETARY  
Name MILLER, WILLIAM B  
Address 900 ASHWOOD PARKWAY SUITE 600  
City-State-Zip: ATLANTA GA 30338

Title ASSISTANT SECRETARY  
Name HICKMAN, GARY P  
Address 900 ASHWOOD PARKWAY SUITE 600  
City-State-Zip: ATLANTA GA 30338

Title ASSISTANT SECRETARY  
Name HALL, M. CRAIG  
Address 900 ASHWOOD PARKWAY SUITE 600  
City-State-Zip: ATLANTA GA 30338

Title ASSISTANT SECRETARY  
Name TOOLAN, DAVID M  
Address 900 ASHWOOD PARKWAY SUITE 600  
City-State-Zip: ATLANTA GA 30338

Title ASSISTANT SECRETARY  
Name DEATON, MICHAEL F  
Address 8529 SOUTH PARK CIRCLE, SUITE 320  
City-State-Zip: ORLANDO FL 32819

Title ASSISTANT SECRETARY  
Name O'DRISCOLL, MICHAEL G  
Address 900 ASHWOOD PARKWAY SUITE 600  
City-State-Zip: ATLANTA GA 30338

Title ASSISTANT SECRETARY  
Name LEWIS, DAVID C  
Address 8529 SOUTH PARK CIRCLE, SUITE 320  
City-State-Zip: ORLANDO FL 32819

Title CEO, DIRECTOR  
Name DUKE, ROBERT F  
Address 4636 SCARBOROUGH DRIVE  
City-State-Zip: LUTZ FL 33559

**Continues on page 2**

*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:** GARY P. HICKMAN

**ASSISTANT SECRETARY 03/02/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KEATING, JOHN J  
Address 14 MONUMENT SQUARE  
SUITE 302  
City-State-Zip: LEOMINSTER MA 01453

Title VP, ASSISTANT SECRETARY  
Name FISHER, NAT  
Address 8529 SOUTH PARK CIRCLE, SUITE 320  
City-State-Zip: ORLANDO FL 32819

Title VP, ASSISTANT SECRETARY  
Name APPLE, JOSEPH  
Address 8529 SOUTH PARK CIRCLE, SUITE 320  
City-State-Zip: ORLANDO FL 32819

Title VP, ASSISTANT SECRETARY, TREASURER  
Name WEAR, NICHOLAS B  
Address 8529 SOUTH PARK CIRCLE, SUITE 320  
City-State-Zip: ORLANDO FL 32819

Title PRESIDENT  
Name LOSIER, EARL  
Address 8529 SOUTH PARK CIRCLE, SUITE  
320  
City-State-Zip: ORLANDO FL 32819

Title VP, ASSISTANT SECRETARY  
Name FALES, DARRYL W  
Address 8529 SOUTH PARK CIRCLE, SUITE  
320  
City-State-Zip: ORLANDO FL 32819

Title VP, ASSISTANT SECRETARY  
Name YELVINGTON, GARY  
Address 8529 SOUTH PARK CIRCLE, SUITE  
320  
City-State-Zip: ORLANDO FL 32819

Title VP, ASSISTANT SECRETARY,  
TREASURER  
Name LAING, KENNETH C  
Address 8529 SOUTH PARK CIRCLE, SUITE  
320  
City-State-Zip: ORLANDO FL 32819