

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003616 (8)**

1. Corporation Name

FIDELITY NATIONAL MORTGAGE CORP.

Principal Place of Business

**160 CLAIREMOUNT AVE., STE 300
DECATUR GA 30030**

Mailing Address

**160 CLAIREMOUNT AVE., STE 300
DECATUR GA 30030**



3. Date Incorporated or Qualified

07/26/1995

3a. Date of Last Report

2. Principal Place of Business

21 160 Clairemont Ave.

2a. Mailing Address

26 160 Clairemont Ave.

Suite, Apt. #, etc.

Ste 300

Suite, Apt. #, etc.

Ste. 300

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when not using)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE

NAME **ANDERSON, JAMES W JR**
STREET ADDRESS **160 CLAIREMOUNT AVE., STE 300**
CITY-ST-ZIP **DECATUR GA 30030**

TITLE **DCEO** ☐ DELETE

NAME **MILLER, JAMES B**
STREET ADDRESS **160 CLAIREMOUNT AVE., STE 300**
CITY-ST-ZIP **DECATUR GA 30030**

TITLE **D** ☐ DELETE

NAME **GOLDSTEIN, MARVIN C DR**
STREET ADDRESS **160 CLAIREMOUNT AVE., STE 300**
CITY-ST-ZIP **DECATUR GA 30030**

TITLE **D** ☐ DELETE

NAME **RUSSELL, B. JEFFERSON**
STREET ADDRESS **160 CLAIREMOUNT AVE., STE 300**
CITY-ST-ZIP **DECATUR GA 30030**

TITLE **DP** ☐ DELETE

NAME **FADELEY, KEITH A**
STREET ADDRESS **160 CLAIREMOUNT AVE., STE 300**
CITY-ST-ZIP **DECATUR GA 30030**

TITLE **S** ☐ DELETE

NAME **DENNEY, SHARON R**
STREET ADDRESS **160 CLAIREMOUNT AVE., STE 300**
CITY-ST-ZIP **DECATUR GA 30030**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **160 Clairemont Ave., Ste 300**
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **160 Clairemont Ave., Ste 300**
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **160 Clairemont Ave., Ste 300**
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **160 Clairemont Ave., Ste 300**
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS **160 Clairemont Ave., Ste 300**
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS **160 Clairemont Ave., Ste 300**
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

404-371-5555

Daytime Phone #

CR2E034 (12/95)