

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021412

Entity Name: THE WHITWORTH TITLE GROUP, INC.**Current Principal Place of Business:**14502 N. DALE MABRY HIGHWAY,
SUITE 200
TAMPA, FL 33618**Current Mailing Address:**14502 N. DALE MABRY HIGHWAY,
SUITE 200
TAMPA, FL 33618 US**FEI Number:** 14-1922754**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITWORTH, GRANT D
14502 N. DALE MABRY HIGHWAY,
SUITE 200
TAMPA, FL 33618 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	VP
Name	GRANT, CLARA
Address	14502 N. DALE MABRY HIGHWAY, SUITE 200
City-State-Zip:	TAMPA FL 33618

Title	VP
Name	BOYER, SANDRA
Address	14502 N. DALE MABRY HIGHWAY, SUITE 200
City-State-Zip:	TAMPA FL 33618

Title	VP
Name	OHNMACHT, MARGARET
Address	14502 N. DALE MABRY HIGHWAY, SUITE 200
City-State-Zip:	TAMPA FL 33618

Title	VP
Name	LAWLESS, JOHN
Address	14502 N. DALE MABRY HIGHWAY, SUITE 200
City-State-Zip:	TAMPA FL 33618

Title	PRESIDENT
Name	WHITWORTH, GRANT D
Address	14502 N. DALE MABRY HIGHWAY, SUITE 200
City-State-Zip:	TAMPA FL 33618

Title	VP
Name	PROSTAK, STEPHANIE
Address	14502 N. DALE MABRY HIGHWAY, SUITE 200
City-State-Zip:	TAMPA FL 33618

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: CLARA GRANT

VP

01/19/2022

Electronic Signature of Signing Officer/Director Detail_____
Date