

CAPITAL CONNECTION

850 222 1222

09/09 '98 13:00 NO.705 02/03

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**AMENDED PROFIT
CORPORATION
ANNUAL REPORT
1998**FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 113526**
1. Corporation Name

FIDELITY TITLE AND LOAN COMPANY

Principal Place of Business
60 N. Court Avenue
P.O. Box 3431
Orlando, Florida 32802

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
January 1, 18992. Principal Place of Business
31 37 N. Orange Avenue2a. Mailing Address
26 37 N. Orange Avenue4. FEI Number
59-0241345Applied For
Not ApplicableSuite, Apt. #, etc.
Suite 600Suite, Apt. #, etc.
Suite 6005. Certificate of Status Desired ☐ \$8.75 Additional
Fee RequiredCity & State
Orlando, FloridaCity & State
Orlando, Florida6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to FeesZip Country
32801 USAZip Country
32801 USA8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAM H. BEARDALL
60 N. Court Street
Orlando, Florida 3280101 Name
CAMERON B. KUHN
02 Street Address (P.O. Box Number is Not Acceptable)
37 N. Orange Avenue
03 Suite 200
04 City
Orlando FL 05 Zip Code
3280111. 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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and P.O. if applicable.

(NOTE: Registered Agent Signature required when reappointing)

Cameron B. Kuhn

9/10/98

DATE

12. OFFICERS AND DIRECTORS**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**TITLE PD ☒ DELETE
NAME William H. Beardall
STREET ADDRESS 2516 Shrewsbury Rd.
CITY-ST-ZIP ORLANDO, FL1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Cameron B. Kuhn
1.3 STREET ADDRESS 37 N. Orange Avenue
1.4 CITY-ST-ZIP ORLANDO, FL 32801TITLE VSD ☒ DELETE
NAME Laura B. McLeod
STREET ADDRESS 930 Texas Avenue
CITY-ST-ZIP ORLANDO, FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VTD ☒ DELETE
NAME John F. Beardall
STREET ADDRESS 317 E. Amelia Ave.
CITY-ST-ZIP ORLANDO, FL 328013.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
CAMERON B. KUHN

9/16/98

(407) 481-2245

Office

Daytime Phone #