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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:20

DOCUMENT # 812724 (3)

1. Corporation Name

FIDELITY NATIONAL TITLE INSURANCE COMPANY OF TENNESSEE

Principal Place of Business	Mailing Address
408 CEDAR BLUFF RD., SUITE 140 P.O. BOX 1549 (37901-1549) KNOXVILLE TN 37923	408 CEDAR BLUFF RD., SUITE 140 P.O. BOX 1549 (37901-1549) KNOXVILLE TN 37923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1958	3a. Date of Last Report: 03/21/1994
4. FEI Number: 62-0379550	☐ Applied For ☐ Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GENNARO, MICHAEL A.
4635 DEL PRADO BLVD.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	YARBOROUGH, WILLIAM D.	1.2 NAME	
STREET ADDRESS	408 CEDAR BLUFF ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCULLOUGH, EUGENE R.	2.2 NAME	
STREET ADDRESS	408 CEDAR BLUFF ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	KAMINSKY, LARRY M	3.2 NAME	
STREET ADDRESS	2100 S.E. MAIN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	☐ Change ☐ Addition
NAME	HOUSER, GLENDA F.	4.2 NAME	
STREET ADDRESS	408 CEDAR BLUFF ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	4.4 CITY-ST-ZIP	
TITLE	TDVP	5.1 TITLE	☐ Change ☐ Addition
NAME	STRUNK, CARL A	5.2 NAME	
STREET ADDRESS	2100 S.E. MAIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 above, or on an attachment with an address.

SIGNATURE: _____ February 14, 1995 (615) 691-9774
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

Eugene R. McCullough President