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**PROFIT** CORPORATION ANNUAL REPORT

1997

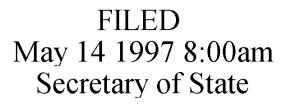


## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT 1. Corporation Name	# 8	1272

(3)



FIDELITY NATIONAL TITLE INSURANCE COMPANY OF TEN NESSEE						<b>                                    </b>	
Principal Plac	e of Business	Mailing Address	······································		180101 19101 19011 19011 19810 19011	I DIAN BIBN DIBN BIB	<b>   </b>
408 CEDAR BLUFF RD SUITE 140 408 CEDAR BLUFF RD SUITI P.O. BOX 1549 (37901-1549) P.O. BOX 1549 (37901-1549) KNOXVILLE TN 37823 KNOXVILLE TN 37823-3640		549)					
NITO TO THE PROPERTY OF THE PR		1310/17/002 111 9/409 51			<ol> <li>Date Incorporated or Qualified 04/21/1958</li> </ol>	3a. Date of L 04/29/19	•
. Principal f	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt	# etc	Suite, Apt. #, etc.	<del></del>	·····	62-0379550		Not Applicabl 75 Additional
Della, Fapri	II, MASS	27			5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , , ,	se Required
City & Stat	te	City & State			6. Election Campaign Financing	\$5	.00 May Be
L		28		<del></del>	Trust Fund Contribution		ided to Fees
- Ζφ ]	Country 25	Zip 29	Country 30	′	8. This corporation has liability for it Florida Statutes	intangible tax un: ☐ Yes ☐ No	der s. 199.032,
l	9. Name and Address of Curren	, ,	130]		10. Name and Address of New Re		——————————————————————————————————————
INS	SURANCE COMMISSIONER		B1	Name			
	E CAPITOL BUILDING		82	Street Add	ress (P.O. Box Number is Not Acceptate	ole)	<del></del>
TAL	LLAHASSEE FL 32399		83	<b></b>			
			03				
			84	City		FL 85	Zip Code
l. Pursuant office or	registered agent, or both, in the State	of Florida Such change was	s authorized b	y the corporal	tion's board of directors. I hereby accer	ot the appointme	nt as registered
	To the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations typed or protot game of registered age	ant and lice if applicable (N	OTE: Registered Ag		ired when reinstating)	DATE	
IGNATURE	Signature, typicd or printed name of registered age OFFICERS AN	int and tile it applicable (N D DIRECTORS	OTE Registered Ag			DATE DERS AND DIREC	CTORS IN 12
GNATURE L	Signature, type discriminal name of registered age OFFICERS AN	ant and lice if applicable (N	OTE Registered Ag 13. 1,1 TITLE		ired when reinstating)	DATE	CTORS IN 12
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Tam an on der or director of the corporation of the receiver of trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address

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