## 2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V35000

Entity Name: FIDELITY NATIONAL TITLE OF FLORIDA, INC.

FILED
Oct 15, 2015
Secretary of State
CC9981014913

## **Current Principal Place of Business:**

601 RIVERSIDE AVENUE JACKSONVILLE. FL 32204

## **Current Mailing Address:**

3210 EL CAMINO REAL STE 200 C/O MADELINE G. M. LOVEJOY IRVINE. CA 96202 US

FEI Number: 59-3137263 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 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 EVP Title DCFO

NameLUTES, KEVINNamePARK, ANTHONY JAddress601 RIVERSIDE AVEAddress601 RIVERSIDE AVE.City-State-Zip:JACKSONVILLE FL 32204City-State-Zip:JACKSONVILLE FL 32204

Title P Title SVPT

Name ANDERSON, CATHERINE A Name MURPHY, DANIEL K
Address 5690 W CYPRESS STREET, SUITE A Address 601 RIVERSIDE AVE.

City-State-Zip: TAMPA FL 33607 City-State-Zip: JACKSONVILLE FL 32204

Title EVPS Title AVP/AS

Name GRAVELLE, MICHAEL L Name LOVEJOY, MADELINE GM

Address 1701 VILLAGE CENTER CIRCLE Address 3210 EL CAMINO REAL STE 200

City-State-Zip: LAS VEGAS NV 89134 City-State-Zip: IRVINE CA 92602

Title PRESIDENT/COUNTY MANAGER

Name WEST, SUSAN C

Address 1390 HOPE ROAD STE 400 City-State-Zip: MAITLAND FL 32751

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: MADELINE GM LOVEJOY

AVP/AS

10/15/2015