

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35000

Entity Name: FIDELITY NATIONAL TITLE OF FLORIDA, INC.**Current Principal Place of Business:**601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204**Current Mailing Address:**C/O MADELINE G. M. LOVEJOY
3210 EL CAMINO REAL STE 200
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	D/EVP/CFO
Name	PARK, ANTHONY J
Address	601 RIVERSIDE AVE.
City-State-Zip:	JACKSONVILLE FL 32204

Title	VP/ASST TREASURER
Name	SUPALO, MARILYN C. N.
Address	1701 VILLAGE CENTER CIRCLE
City-State-Zip:	LAS VEGAS NV 89134

Title	AVP/AS
Name	LOVEJOY, MADELINE G. M.
Address	3210 EL CAMINO REAL STE 200
City-State-Zip:	IRVINE CA 92602

Title	P
Name	MOTT , BARBARA A
Address	3401 4TH ST N
City-State-Zip:	ST PETERSBURG FL 33704

Title	VP/S
Name	NEMZURA, MARJORIE
Address	10 S LASALLE ST STE 3100
City-State-Zip:	CHICAGO IL 60603

Title	PRESIDENT/COUNTY MANAGER
Name	WEST, SUSAN C
Address	2310 E ROBINSON ST
City-State-Zip:	ORLANDO FL 32803

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 G. M. LOVEJOY**AVP/ASST SEC****02/14/2025**

Electronic Signature of Signing Officer/Director Detail

Date