2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2020
Secretary of State
8587671278CC

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	P
Name	MOTT HOWE, BARBARA
Address	5690 W CYPRESS STREET, SUITE A
City-State-Zip:	TAMPA FL 33607

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

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

Title	AVP/AS
Name	LOVEJOY, MADELINE GM
Address	3210 EL CAMINO REAL STE 200
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 G. M. LOVEJOY AVP/ASST SECRETARY 02/14/2020

Electronic Signature of Signing Officer/Director Detail — Date