

2024 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 P
Name MOTT , BARBARA A
Address 3401 4TH ST N
City-State-Zip: ST PETERSBURG FL 33704

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 G. M.
Address 3210 EL CAMINO REAL STE 200
City-State-Zip: IRVINE CA 92602

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/AS

02/14/2024

Electronic Signature of Signing Officer/Director Detail

Date