

2016 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:

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
Name LUTES, KEVIN
Address 601 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32204

Title DCFO
Name PARK, ANTHONY J
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title P
Name ANDERSON, CATHERINE A
Address 5690 W CYPRESS STREET, SUITE A
City-State-Zip: TAMPA FL 33607

Title SVPT
Name MURPHY, DANIEL K
Address 601 RIVERSIDE AVE.
City-State-Zip: JACKSONVILLE FL 32204

Title EVPS
Name GRAVELLE, MICHAEL L
Address 1701 VILLAGE CENTER CIRCLE
City-State-Zip: LAS VEGAS NV 89134

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 GM LOVEJOY

AVP/AS

02/22/2016

Electronic Signature of Signing Officer/Director Detail

Date