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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 708486 (6)**

1. Corporation Name  
**LOUTTIT MANOR, INC.**

Principal Place of Business Mailing Address  
**229 SO RIDGEWOOD AVE DAYTONA BEACH FL 32114-4334**      **229 SO RIDGEWOOD AVE DAYTONA BEACH FL 32114-4334**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/16/1965**      3a. Date of Last Report **06/28/1994**  
4. FEI Number **59-1163560**      Applied For Not Applicable  
5. Certificate of Status Desired  **\$6.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent  
**LEWIS, DORA H  
37 TREETOP CIR.  
ORMOND BCH. FL 32074**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Dora H. Lewis* **DORA H. Lewis, Administrator** DATE **4-19-95**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAGGETT, W B</b>	1.2 NAME	
STREET ADDRESS	<b>188 PALM SPARROW CT.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAYTONA BCH. FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMILTON, ALFRED</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. BOX 950 (N/A)</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAYTONA BEACH FL 32115</b>	2.4 CITY - ST - ZIP	
TITLE	<b>P</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLAUGHTER, KYLE</b>	3.2 NAME	
STREET ADDRESS	<b>505 RIVERSIDE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORMOND BEACH, FL 00000</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LENTZ, CARL W. M.D.</b>	4.2 NAME	
STREET ADDRESS	<b>120 N. SENECA STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAYTONA BEACH FL 32114</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TINDELL, CHARLES</b>	5.2 NAME	
STREET ADDRESS	<b>406 N WILD OLIVE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAYTONA BCH. FL 00000</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRUTT, RICHARD</b>	6.2 NAME	
STREET ADDRESS	<b>115 COUNTRY CLUB DR</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORMOND BEACH FL</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *William B. Baggett* **William B. Baggett, V.P. 4-19-95** DATE **904-255-8737**  
Signature typed or printed name of signing officer or director Date (Optional)