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Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708486 (6)

1. Corporation Name
LOUTTIT MANOR, INC.



Principal Place of Business 229 SO RIDGEWOOD AVE DAYTONA BEACH FL 32114-4334	Mailing Address 229 SO RIDGEWOOD AVE DAYTONA BEACH FL 32114-4334
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/16/1965	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1163560	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEWIS, DORA H
37 TREETOP CIR.
ORMOND BCH. FL 32074

Name change due to marriage

10. Name and Address of New Registered Agent

81 Name
DORA H. HAMILTON

82 Street Address (P.O. Box Number is Not Acceptable)
37 Treetop Circle

83

84 City
Ormond Beach

85 State
FL

86 Zip Code
32174

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Dora H. Hamilton* **Dora H. Hamilton** **6/10/97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V <input type="checkbox"/> DELETE
NAME	BAGGETT, W B
STREET ADDRESS	188 PALM SPARROW CT.
CITY-ST-ZIP	DAYTONA BCH. FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	HAMILTON, ALFRED
STREET ADDRESS	P.O. BOX 950 (N/A)
CITY-ST-ZIP	DAYTONA BEACH FL 32115
TITLE	P <input type="checkbox"/> DELETE
NAME	SLAUGHTER, KYLE
STREET ADDRESS	505 RIVERSIDE
CITY-ST-ZIP	ORMOND BEACH, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	LENTZ, CARL W. III M.D.
STREET ADDRESS	120 N. SENECA STREET
CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TINDELL, CHARLES
STREET ADDRESS	408 N WILD OLIVE
CITY-ST-ZIP	DAYTONA BCH, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	TRUITT, RICHARD
STREET ADDRESS	115 COUNTRY CLUB DR
CITY-ST-ZIP	ORMOND BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William E. Kerzis
1.3 STREET ADDRESS	409 N. Gerander Ave.
1.4 CITY-ST-ZIP	Daytona Beach, FL 32118
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)