

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 FEB 16 PM 2:53

**DOCUMENT # P93000060487 (4)**

1. Corporation Name

**DANIEL D'LOUGHY HOMES, INC.**

2. Principal Place of Business

PO BOX 7392  
PORT ST LUCIE FL 34965

2a. Mailing Address

PO BOX 7392  
PORT ST LUCIE FL 34965

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1993

3a. Date of Last Report

06/30/1994

21. State, Apt. #, etc.

2a. City & State

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

4. FEI Number

65-0433337

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under § 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

DANIEL D'LOUGHY,  
510 SW PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34953

10. Name and Address of New Registered Agent

Daniel J. D'Loughy  
6012 SW Port St. Lucie Blvd  
Port St. Lucie, FL. 34953

81. Name

Daniel J. D'Loughy

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

6012 SW Port St. Lucie Blvd

83. Zip

Country

84. City

Port St. Lucie

FL

85. Zip Code

34953

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE	P
11.2 NAME	D'LOUGHY, DANIEL
11.3 STREET ADDRESS	% PO BOX 7392 N/A
11.4 CITY, ST, ZIP	PORT ST LUCIE FL 34965
11.5 TITLE	
11.6 NAME	
11.7 STREET ADDRESS	
11.8 CITY, ST, ZIP	
11.9 TITLE	
11.10 NAME	
11.11 STREET ADDRESS	
11.12 CITY, ST, ZIP	
11.13 TITLE	
11.14 NAME	
11.15 STREET ADDRESS	
11.16 CITY, ST, ZIP	

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

14. I, the undersigned, certify that the information reported with this filing is voluntarily furnished and that I am not qualified for the exemption stated in section 11.1502, Florida Statutes. I further certify that the information included on this annual report or supplemental annual report, form and filings and that my signature shall have the same legal effect. I, or any other officer or director of this corporation or the executor or administrator appointed to execute the report as required by chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 13 of this report, or on any filing with an address.

SIGNATURE: *Daniel J. D'Loughy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/95 (407) 878-7575