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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V40051 (7)
1. Corporation Name
LAZY DAYS CAMP RESORT, INC.



Principal Place of Business
635 CARMEN ST.
JACKSONVILLE FL 32206

Mailing Address
635 CARMEN ST.
JACKSONVILLE FL 32206-3950

3. Date Incorporated or Qualified 05/19/1992	3a. Date of Last Report 08/20/1996
4. FEI Number 59-3124719	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1074 FRONT ST Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 246 Suite, Apt. #, etc.
22 City & State 23 WELAKA, FLORIDA Zip 24 32193 Country 25 USA	27 City & State 28 WELAKA, FL Zip 29 32193 Country 30 USA

9. Name and Address of Current Registered Agent DELOACH, DAVID R. 635 CARMEN ST. JACKSONVILLE FL 32206	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1074 FRONT ST. 83 84 City WELAKA, FL 85 Zip Code 32193
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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 _____ DATE _____
Signature: typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DELOACH, DAVID R. 635 CARMEN ST. JACKSONVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	1074 FRONT ST WELAKA, FL 32193
TITLE D	BROWNING, PAMELA H. 225 RIVER DR. EAST PALATKA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE D		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE D		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE D		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE D		6.1 TITLE 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela H. Browning, Director Date: 4/20/97 Daytime Phone #: 904-467-2100

CR2E034 (9/96)