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FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 286542 (6)
1. Corporation Name
LAZY S CORPORATION



Principal Place of Business Mailing Address
2000 ARIANA STREET 2000 ARIANA STREET
LAKELAND FL 33803-8699 LAKELAND FL 33803-8699

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/29/1964	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1162164	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, ARCHAR B
2000 ARIANA STREET
LAKELAND FL 33803

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	11 TITLE	
NAME	SMITH, ARCHAR B	12 NAME	
STREET ADDRESS	2000 ARIANA ST.	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	
NAME	SMITH, EDWIN C	22 NAME	
STREET ADDRESS	2000 ARIANA ST.	23 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	
NAME	STONE, NELDA S.	32 NAME	
STREET ADDRESS	820 N EDITH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	
NAME	OUTLAW, FAYNE D.	42 NAME	
STREET ADDRESS	1905 JAUDON RD.	43 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	
NAME	NORTON, ILLA-BETH	52 NAME	
STREET ADDRESS	2214 HATHAWAY ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	SEDRO WOOLLEY WA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	
NAME	SMITH, WILLIAM M.	62 NAME	
STREET ADDRESS	2000 ARIANA ST.	63 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	64 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE *Archar B Smith* 7-5-98 941-686-0322

CR2E034 (10/97)