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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90086 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 286542

1. Corporation Name
LAZY S CORPORATION

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

Mailing Address
**2000 ARIANA STREET
LAKELAND FL 33803-8699**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/1964

4. FEI Number
59-1162164

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 owes the current year Intangible Personal Property Tax. ☐ 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

9. Name and Address of Current Registered Agent

**SMITH, ARCHAR B
2000 ARIANA STREET
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81 Name **Edwin C. Smith**
82 Street Address (P.O. Box Number is Not Acceptable)
2000 Ariana Street
83
84 City **Lakeland** **FL** 85 Zip Code **33803**

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: **Edwin C. Smith**
Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

4/24/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	SMITH, ARCHAR B	2000 ARIANA ST.	LAKELAND FL	<input checked="" type="checkbox"/>
V	SMITH, EDWIN C	2000 ARIANA ST.	LAKELAND FL	<input checked="" type="checkbox"/>
ST	STONE, NELDA S.	820 N EDITH AVE.	LAKELAND FL	<input type="checkbox"/>
D	OUTLAW, FAYNE D.	1905 JAUDON RD.	DOVER FL	<input type="checkbox"/>
D	NORTON, ILLA-BETH	2214 HATHAWAY ROAD	SEDRO WOOLLEY WA	<input type="checkbox"/>
D	SMITH, WILLIAM M.	2000 ARIANA ST.	LAKELAND FL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Change	Addition
1.1 TITLE President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME Edwin C. Smith		
1.3 STREET ADDRESS 2000 Ariana Street		
1.4 CITY-STATE-ZIP Lakeland, FL. 33803		
2.1 TITLE Vice President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME William M. Smith		
2.3 STREET ADDRESS 2000 Ariana Street		
2.4 CITY-STATE-ZIP Lakeland, FL. 33803		
3.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Nelda S. Jackson** **4-22-99** **(941)686-0322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)