FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

DOCUMENT # **G83193** **(4)**

1. Corporation Name

LAZY S UTILITIES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1984	3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-2415983	☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SMITH, ARCHAR B.
2000 ARIANA STREET
LAKELAND FL 33803-8699

10. Name and Address of New Registered Agent

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D ☐ Change ☒ Addition
NAME	SMITH, ARCHAR B.	1.2 NAME	NORTON, ILLA-BETH
STREET ADDRESS	2000 ARIANA STREET	1.3 STREET ADDRESS	2214 HATHAWAY Road
CITY ST ZIP	LAKELAND FL 33803	1.4 CITY ST ZIP	SEDRO WOOLLEY WA
TITLE	D	2.1 TITLE	D ☐ Change ☒ Addition
NAME	SMITH, EDWIN C.	2.2 NAME	SMITH, WILLIAM M
STREET ADDRESS	5118 HARVEST LANE	2.3 STREET ADDRESS	2000 ARIANA ST
CITY ST ZIP	LAKELAND FL	2.4 CITY ST ZIP	LAKELAND FL 33803
TITLE	S	3.1 TITLE	VP ☐ Change ☒ Addition
NAME	STONE, NELDA S.	3.2 NAME	Outlaw, Fayne D.
STREET ADDRESS	820 N. EDITH AVE	3.3 STREET ADDRESS	1905 Jaudon Rd
CITY ST ZIP	LAKELAND FL	3.4 CITY ST ZIP	Dover Fl
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, DONALD R.	4.2 NAME	
STREET ADDRESS	2010 ARIANA ST.	4.3 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, MOLLIE I.	5.2 NAME	
STREET ADDRESS	2010 ARIANA ST.	5.3 STREET ADDRESS	
CITY ST ZIP	LAKELAND FL	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	OUTLAW, FAYNE A.	6.2 NAME	
STREET ADDRESS	2705 W. KNIGHTS-GRIFFIN	6.3 STREET ADDRESS	
CITY ST ZIP	PLANT CITY FL	6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Archar B Smith   5/16/95   (813) 686-0322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ARCHAR B. SMITH