

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G83193** (4)

1. Corporation Name  
**LAZY S UTILITIES, INC.**

Principal Place of Business <b>2000 ARIANA STREET LAKELAND FL 33803-8699</b>	Mailing Address <b>2000 ARIANA STREET LAKELAND FL 33803-1640</b>
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3. Date Incorporated or Qualified <b>02/03/1984</b>		3a. Date of Last Report <b>09/23/1996</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
4. FEI Number <b>59-2415983</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> 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 type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SMITH, ARCHAR B. 2000 ARIANA STREET LAKELAND FL 33803-8699</b>		10. Name and Address of New Registered Agent	
<b>81</b> Name		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>		<b>84</b> City	
		<b>FL</b> <b>85</b> 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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ARCHAR B.</b>	1.2 NAME	
STREET ADDRESS	<b>2000 ARIANA STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, EDWIN C.</b>	2.2 NAME	
STREET ADDRESS	<b>5118 HARVEST LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, NELDA S.</b>	3.2 NAME	
STREET ADDRESS	<b>820 N. EDITH AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, DONALD R.</b>	4.2 NAME	
STREET ADDRESS	<b>2010 ARIANA ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, MOLLIE I.</b>	5.2 NAME	
STREET ADDRESS	<b>2010 ARIANA ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OUTLAW, FAYNE A.</b>	6.2 NAME	
STREET ADDRESS	<b>2705 W. KNIGHTS-GRIFFIN</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	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: *Archar B. Smith* **Archar B. Smith** 1-15-97 941-686-0322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)