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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 # 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

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
SMITH, ARCHAR B.
2000 ARIANA STREET
LAKELAND FL 33803

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
SMITH, EDWIN C.
5118 HARVEST LANE
LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
STONE, NELDA S.
820 N. EDITH AVE
LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
THOMAS, DONALD R.
2010 ARIANA ST.
LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
THOMAS, MOLLIE I.
2010 ARIANA ST.
LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
OUTLAW, FAYNE A.
2705 W. KNIGHTS-GRIFFIN
PLANT CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

DP SMITH

2-5-98

941-686-0322

CP2E034 (10/97)