

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H71924 (5)

1. Corporation Name

LAZY DAYS REALTY OF FORT MYERS, INC.



Principal Place of Business

Mailing Address

% THOMAS A. COLLINS
2524 N. TAMiami TRAIL
N. FT MYERS FL 33903

% THOMAS A. COLLINS
2524 N. TAMiami TRAIL
N. FT MYERS FL 33903

3. Date Incorporated or Qualified
08/16/1985

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 2524 N. Tamiami TR
Suite, Apt. #, etc.

26 2524 N. Tamiami TR
Suite, Apt. #, etc.

4. FEI Number

59-2767638

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

22 City & State
23 N Fort Myers FL

27 City & State
28 N FT Myers FL

24 33903 25 nee

29 33903 30 nee

9. Name and Address of Current Registered Agent

COLLINS, THOMAS A.
2524 N. TAMiami TRAIL
N. FT MYERS FL 33903

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	ELLSPERMAN, MARGE	2524 N TAMiami TRAIL	N FT MYERS FL	
D	COLLINS, THOMAS A.	3807 BORDEAUX DRIVE	PUNTA GORDA FL	
D	COLLINS, ELAINE F.	3807 BORDEAUX DRIVE	PUNTA GORDA FL	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1 1 TITLE		
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
2 1 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
3 1 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
4 1 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
5 1 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
6 1 TITLE		
62 NAME		
63 STREET ADDRESS		
64 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Day Phone #

CR2E034 (12/95)