

**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 <b>08/16/1985</b>	3a. Date of Last Report <b>02/13/1995</b>
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21. Principal Place of Business <b>2524 N. Tamiami TR</b>	22. Suite, Apt. #, etc.	2a. Mailing Address <b>2524 N. Tamiami TR</b>	26. Suite, Apt. #, etc.
23. City & State <b>N Fort Myers FL</b>	27. City & State <b>N FT Myers FL</b>	28. Zip <b>33903</b>	29. Country <b>nee</b>
24. Zip <b>33903</b>	25. Country <b>nee</b>	30. Zip <b>33903</b>	31. Country <b>nee</b>

4. FEI Number <b>59-2767638</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**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
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: \_\_\_\_\_ (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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	<i>same</i>
4. CITY - ST - ZIP	<i>N/A</i>
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	<i>N/A</i>
8. CITY - ST - ZIP	<i>N/A</i>
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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: *Thomas A. Collins* 1/23/96 (941) 995-5880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Date Phone #

CR2E034 (12/95)