

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F65782**

(7) 3/16/98

1. Corporation Name
XAX MARINE, INC.

Boats R Us of North East Florida, Inc.

Principal Place of Business

8940 SAN JOSE BLVD.
JACKSONVILLE FL 32257-5013

Mailing Address

8940 SAN JOSE BLVD.
JACKSONVILLE FL 32257-5013

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

02/03/1982

3a. Date of Last Report

02/03/1982

4. FEI Number

59-2154106

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

9. Name and Address of Current Registered Agent

• HOOD, KAREN THOMPSON
8940 SAN JOSE BLVD.
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name **Manley J. Hood**

82 Street Address (P.O. Box Number is Not Acceptable)
2226 Paseo Ave.

83

84 City **Orlando**

FL

85 Zip Code
32805

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 **Manley J. Hood**

Signature typed in printed name of officer, director, or authorized agent.

(Not Registered Agent Signature Required when Submitting)

DATE

4/28/98

12. OFFICERS AND DIRECTORS

TITLE **VS**
NAME **HOOD, MANLEY J**
STREET ADDRESS **8940 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL**

☒ DELETE

TITLE **P**
NAME **HOOD, KAREN THOMPSON**
STREET ADDRESS **8940 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL**

☒ DELETE

TITLE **T**
NAME **HESSEE, PATRICIA A.**
STREET ADDRESS **8940 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P**
1.2 NAME **Kenny H. Allen**
1.3 STREET ADDRESS **8940 San Jose Blvd.**
1.4 CITY-ST-ZIP **Jacksonville, FL 32257**

☒ Change

☐ Addition

2.1 TITLE **S.T.**
2.2 NAME **Manley J. Hood**
2.3 STREET ADDRESS **2226 Paseo Ave**
2.4 CITY-ST-ZIP **Orlando, FL 32805**

☒ Change

☐ Addition

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

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME **600002529416**
4.3 STREET ADDRESS **-05/19/98--01069--039**
4.4 CITY-ST-ZIP *****150.00**

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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: **Kenny H. Allen** 4-28-98 **8940 SAN JOSE BLVD.**

CR2E034 (9/96)