

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90129 044 ***150.00

DOCUMENT # F98000002264

1. Corporation Name
MARINEMAX, INC.

Principal Place of Business
**18167 U.S. HWY. 19 NORTH, STE. 499
CLEARWATER FL 33764**

Mailing Address
**18167 U.S. HWY. 19 NORTH, STE. 499
CLEARWATER FL 33764**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1998

4. FEI Number

59-3496957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ 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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **BASSETT, RICHARD R**
CITY-ST-ZIP **700 S. FEDERAL HWY.
POMPANO BEACH FL 33067**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **R. DAVID THOMAS**
1.4 CITY-ST-ZIP **5131 POST ROAD SUITE 203
DUBLIN OH 43017**

TITLE ☐ DELETE
NAME **DCEO**
STREET ADDRESS **MCGILL, WILLIAM H JR.**
CITY-ST-ZIP **18167 U.S. HWY. 19 NORTH, STE. 499
CLEARWATER FL 33764**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **STEWART TURLEY**
2.4 CITY-ST-ZIP **1465 SOUTH FT HARRISON AVE SUITE 201
CLEARWATER FL 33756**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **LAMANNA, RICHARD C JR.**
CITY-ST-ZIP **1928 TWIN VIEW BLVD.
REDDING CA 96003**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **ROBERT S. KANT**
3.4 CITY-ST-ZIP **ONE EAST CAMELBACK ROAD SUITE 1100
PHOENIX AZ 85012**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **DELHOMME, LOUIS R**
CITY-ST-ZIP **2551 S. SHORE HARBOUR BLVD., STE. C
LEAGUE CITY TX 77573**

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

TITLE ☐ DELETE
NAME **VT**
STREET ADDRESS **MCLAMB, MICHAEL H**
CITY-ST-ZIP **18167 U.S. HWY. 19 NORTH, STE. 499
CLEARWATER FL 33764**

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

TITLE ☒ DELETE
NAME **VS**
STREET ADDRESS **LAMANNA, RICHARD C III**
CITY-ST-ZIP **1840 E. BROADWAY RD.
TEMPE AZ 85285**

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (727) 531-1700

Date

Daytime Phone #

CR2E034 (11/98)