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May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F98000005358

1. Corporation Name
MARINEMAX OF JACKSONVILLE, INC.



Principal Place of Business: 18167 U.S. HIGHWAY 19 NORTH, SUITE 499 CLEARWATER FL 33764
 Mailing Address: 18167 U.S. HIGHWAY 19 NORTH, SUITE 499 CLEARWATER FL 33764

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1998
 4. FEI Number: 59-3529057
 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 (21-24):
 2a. Mailing Address (25-28):
 City & State (23, 27):
 Zip (24, 28):
 Country (25, 29):

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85):
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGILL, WILLIAM H JR	1.2 NAME	
STREET ADDRESS	18167 U.S. HIGHWAY 19 NORTH, SUITE 499	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33764	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAMB, MICHAEL H	2.2 NAME	
STREET ADDRESS	18167 U.S. HIGHWAY 19 NORTH, SUITE 499	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33764	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAHR, LESLIE	3.2 NAME	
STREET ADDRESS	18167 U.S. HIGHWAY 19 NORTH, SUITE 499	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33764	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, JOHN	4.2 NAME	
STREET ADDRESS	18167 U.S. HIGHWAY 19 NORTH, SUITE 499	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33764	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* DATE: 4/28/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Leslie Bahr** Daytime Phone #: (727) 531-1700

CR2E034 (11/98)