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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

May 07, 1999 8:00 am Secretary of State

05-07-1999 90018 008 ***150.00

= 377

Change

☐ Addition

= 7 80 = ::::

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000005358

1. Corporation Name

TITLE

NAME

STREET ADDRESS

SIGNATURE:

MARINEMAX OF JACKSONVILLE, INC.

Principal Plac	ce of Business	Mailing	Audress				i .			
18167 U.S. HIGHWAY 19 NORTH. SUITE 499 18167 U.S. HIGHWAY 19 NO CLEARWATER FL 33764 CLEARWATER FL 33764					UITE	499				
CLEARWATER	FL 33764	CLEARW	AIER FL 33/64				DO NOT WRITE II	N THIS S	SPACE	
ı							3. Date Incorporated or Qualifed			
							09/24/1998			
2 Principal f	Place of Business	2a. Mai	iling Address				4. FEI Number		Ap	plied For
21	Tace of Business	26	g / 132/000				59-3529057			t Applicable
Suite, Apt	# etc.		te, Apt. #, etc.						\$8.75 A	Additional
22	,	27	. , .				5. Certifcate of Status Desired	J	Fee Re	quired
City & Sta	ite		& State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution	J	Added t	•
Zip	Country	Zip		Cou	intry		8. This corporation owes the current	year Inta	ıngible	
24	25	29		30			Personal Property Tax.		Yes	□No
1	9. Name and Address of Currer	nt Registered	d Agent				10. Name and Address of New Regi	stered A	lgent	
					81	Name				
	CORPORATION SYSTEM				82	Ctroot Add	ress (P.O. Box Number is Not Acceptable)			
120	0 SOUTH PINE ISLAND ROAD				02	Street Addi	ess (F.O. DOX NUMBER IS NOT Acceptable)			
PLANTATION FL 33324					83					
						-			T-1	
					84	City		FL	85 Zip C	Code
11. Pursuan	t to the provisions of Sections 607.050	02 and 607.15	508, Florida Statut	tes, the a	bove	-named corp	poration submits this statement for the pur	nose of o	changing its	registered
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Su ations of Sec	uch change was a tion 607.0505. Flo	iuthorized irida Stat	d by utes	the corporation.	on's board of directors. I hereby accept the	s appoin	rment as rec	Jistereu
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applic	cable. (NOTE	: Registered	1 Agen	nt signature require	d when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTO	RS	13.			ADDITIONS/CHANGES TO OFFICE	RS AN		
TITLE	PD		□ DELETE	1.1 TI	TLE				☐ Change	Addition Addition
NAME	MCGILL, WILLIAM H JR			1.2 N	AME					
STREET ADDRESS 18167 U.S. HIGHWAY 19 NORTH, SUITE 499										
CITY-ST-ZIP	CLEARWATER FL 33764	iin, ouite	499	1.3 \$1	TREET	ADDRESS				
TITLE		iin, suite	499		TREET					
NAME	SD		499 . DELETE		ITY-SI				☐ Change	☐ Addition
				1.4 CI	ITY-SI				Change	Addition
STREET ADDRESS	SD MCLAMB, MICHAEL H		. DELETE	1.4 CI 2.1 TI 2.2 N/	ITY-S1 ITLE AME				Change	Addition
STREET ADDRESS	SD MCLAMB, MICHAEL H		. DELETE	1.4 Cl 2.1 Tl 2.2 N/ 2.3 St	ITY-S1 ITLE AME	T-ZIP FADDRESS			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	SD MCLAMB, MICHAEL H s 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764		. DELETE	1.4 Cl 2.1 Tl 2.2 N/ 2.3 St	ITY-SI ITLE AME TREET	T-ZIP FADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP	SD MCLAMB, MICHAEL H s 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 AS		DELETE 499	1.4 Cl 2.1 Tl 2.2 N/ 2.3 ST 2. 4 C	ITY-SI ITLE AME TREET CITY-S	T-ZIP FADDRESS				
CITY-ST-ZIP TITLE NAME	SD MCLAMB, MICHAEL H s 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 AS BAHR, LESLIE	RTH, SUITE	□ DELETE 499 □ DELETE	1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/	ITY-ST ITLE AME TREET CITY-S ITLE AME	T-ZIP FADORESS ST-ZIP				
CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD MCLAMB, MICHAEL H S 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 AS BAHR, LESLIE S 18167 U.S. HIGHWAY 19 NOR	RTH, SUITE	□ DELETE 499 □ DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST	ITY-SI ITLE AME TREET TILE AME TREET	T-ZIP FADDRESS T-ZIP FADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCLAMB, MICHAEL H S 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 AS BAHR, LESLIE S 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764	RTH, SUITE	□ DELETE 499 □ DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST	ITY-ST ITLE AME TREET CITY-S TILE AME TREET	T-ZIP FADDRESS T-ZIP FADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SD MCLAMB, MICHAEL H s 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 AS BAHR, LESLIE s 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 V	RTH, SUITE	DELETE 499 DELETE 499	1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4 C 4.1 TI	ITY-SI ITLE AME TREET TLE AME TREET TREET	T-ZIP FADDRESS T-ZIP FADDRESS			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SD MCLAMB, MICHAEL H S 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 AS BAHR, LESLIE S 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 V JORDAN, JOHN	RTH, SUITE	DELETE 499 DELETE 499	1.4 CI TI 22 N/ 23 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N/ 4.2	ITY-SI ITLE AME TREET TREET TREET TREET TREET	T-ZIP F ADDRESS ST-ZIP F ADDRESS ST-ZIP			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD MCLAMB, MICHAEL H S 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 AS BAHR, LESLIE S 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 V JORDAN, JOHN S 18167 U.S. HIGHWAY 19 NOR	RTH, SUITE	DELETE 499 DELETE 499	1.4 CI 2.1 TV 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TF 4.2 N 4.3 ST	ITY-SITLE AME TREET TREET AME TREET TREET TREET TREET	T-ZIP F ADDRESS ST-ZIP F ADDRESS ST-ZIP			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCLAMB, MICHAEL H S 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 AS BAHR, LESLIE S 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 V JORDAN, JOHN	RTH, SUITE	DELETE 499 DELETE 499 DELETE 499	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 4.4 CI 4.4 CI	ITY-SI ITLE AME TIREET TILE AME TIREET TILE TIREET TILE T	T-ZIP F ADDRESS ST-ZIP F ADDRESS ST-ZIP			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SD MCLAMB, MICHAEL H S 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 AS BAHR, LESLIE S 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 V JORDAN, JOHN S 18167 U.S. HIGHWAY 19 NOR	RTH, SUITE	DELETE 499 DELETE 499	1.4 CI 2.1 TI 2.2 N/ 2.3 TI 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI	ITY-SI ITLE AME TREET TREET TREET TREET TREET TREET	T-ZIP F ADDRESS ST-ZIP F ADDRESS ST-ZIP			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	SD MCLAMB, MICHAEL H 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 AS BAHR, LESLIE 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 V JORDAN, JOHN 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764	RTH, SUITE	DELETE 499 DELETE 499 DELETE 499	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 4.4 CI 5.1 TI 5.2 NV	ITY-SI ITLE AME TREET OTY-S TLE AME TREET TREET ITY-S TLE AME AME AME AME	T-ZIP F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS T-ZIP			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SD MCLAMB, MICHAEL H 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 AS BAHR, LESLIE 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764 V JORDAN, JOHN 18167 U.S. HIGHWAY 19 NOR CLEARWATER FL 33764	RTH, SUITE	DELETE 499 DELETE 499 DELETE 499	1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 NV 5.3 ST	ITY-SI ITLE AME TREET OTY-S TLE AME TREET TREET ITY-S TLE AME AME AME AME	T-ZIP F ADDRESS ST-ZIP F ADDRESS ST-ZIP F ADDRESS T-ZIP F ADDRESS T-ZIP			☐ Change	Addition

☐ DELETE

6.1 TITLE

6.2 NAME

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 of 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 employered 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP