**PROFIT** CORPORATION ANNUAL REPORT

1999

CITY-ST-ZIP

STREET ADDRESS

TILE

NAME



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000010448

HATHAWAY'S BOAT RENTALS, INC.

Mailing Address Principal Place of Business 2320 BEECH STREET 2320 BEECH STREET PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/30/1998 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution . 23 28 Zip Country 8. This corporation owes the current year Intangible Country Zip Yes Personal Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MALAUSKY, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 2320 BEECH STREET PANAMA CITY BEACH FL 32408 83 Zip Code 84 City 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 CR2E034 (1.1/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN'12 12. OFFICERS AND DIRECTORS 13 Addition Change DELETE 1.1 TITLE III.Ē. V 1.2 NAME NAME MALAUSKY, MICHAEL A 2320 BEECH STREET 1.3 STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32408 1.4 CITY-5T-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TIFLE 2.2 NAME MCCORMICK, MICHAEL JR NAME 4318 MAGNOLIA BEACH RD 2.3 STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32408 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TIRE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition C DELETE 41 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 eath; 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

6.1 TILE

6.2 NAME

6.3 STREET ADDRESS

□ DELETE

**FILED** Apr 14, 1999 8:00 am Secretary of State

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Addition

Change