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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 20 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N17469 (0)**
1. Corporation Name
EXXON ANNUITANT CLUB OF SARASOTA-MANATEE COUNTIE S, INC.

Principal Place of Business Mailing Address
C/O STANLEY M ROBERTSON, II
~~3036 TORREY PINES BLVD.~~
SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/21/1986** 3a. Date of Last Report **04/18/1994**

4. FEI Number **59-2190021** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 **7187 DEL LAGO DRIVE** 27 **7187 DEL LAGO DRIVE**

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

ROBERTSON, STANLEY M., II
~~3036 TORREY PINES BLVD.~~
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7187 DEL LAGO DRIVE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS

TITLE **PD**

NAME ~~METZNER, WARREN H~~

STREET ADDRESS ~~710 BIRDSONG LN~~

CITY - ST - ZIP ~~SARASOTA FL~~

TITLE **VD**

NAME ~~MANNKE, RICHARD H FR~~

STREET ADDRESS ~~178 MARTINIQUE RD~~

CITY - ST - ZIP ~~NORTH PORT FL~~

TITLE **D**

NAME ~~KELLY, PATRICK F~~

STREET ADDRESS ~~4859 OAK HOLLOW DR~~

CITY - ST - ZIP ~~SARASOTA FL~~

TITLE **DT**

NAME **ALLEN, H. C**

STREET ADDRESS **3458 WINDING OAKS DR**

CITY - ST - ZIP **LONGBOAT KEY FL**

TITLE **DS**

NAME **EGGLESTON, JULIA F.**

STREET ADDRESS **2608 BAY DR.**

CITY - ST - ZIP **BRADENTON FL**

TITLE **D**

NAME ~~SOLTIS, JOSEPH D~~

STREET ADDRESS ~~7624 WEEPING WILLOW DR~~

CITY - ST - ZIP ~~SARASOTA FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** Change Addition

1.2 NAME **HANRAHAN, JAMES F.**

1.3 STREET ADDRESS **529 PUTTGR LANE**

1.4 CITY - ST - ZIP **LONGBOAT KEY, FL 34228**

2.1 TITLE **VT** Change Addition

2.2 NAME **GURTNER, EARLE R.**

2.3 STREET ADDRESS **3755 PRAIRIE DUNES DRIVE**

2.4 CITY - ST - ZIP **SARASOTA FL 34238**

3.1 TITLE **D** Change Addition

3.2 NAME **FAIELLA, EDMUND R.**

3.3 STREET ADDRESS **5012 WILLOW LEAF WAY**

3.4 CITY - ST - ZIP **SARASOTA, FL. 34241**

4.1 TITLE **VD** Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE **D** Change Addition

6.2 NAME **QUINTON, JOSEPH J.**

6.3 STREET ADDRESS **4053 PINEHURST PARK**

6.4 CITY - ST - ZIP **SARASOTA, FL 34235**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in Block 14 if attached with an address.

SIGNATURE: *James E. Hanrahan* **JAMES E. HANRAHAN** APR 17, 1995 (F13) 383-6987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Name #

EXXON ANNUITANT CLUB OF SARASOTA-MANATEE COUNTIES, INC.

N17469

ADDITIONAL DIRECTORS

BLOCK 13

D
BRITTON, MARAIS
4061 PENSHURST PARK
SARASOTA FL 34235

D
GARRITY, HAROLD B.
517 74TH STREET
HOLMES BEACH, FL. 34217

D
PARKER, JOHN U.
1771 KILROSS DRIVE
VENICE, FL 34292