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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17469 (0)

1. Corporation Name
EXXON ANNUITANT CLUB OF SARASOTA-MANATEE COUNTIE S, INC.



Principal Place of Business C/O STANLEY M ROBERTSON, II 7187 DEL LAGO DRIVE SARASOTA FL 34238-4524 US	Mailing Address C/O STANLEY M ROBERTSON, II 7187 DEL LAGO DRIVE SARASOTA FL 34238-4524 US
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Zip

3. Date Incorporated or Qualified 10/21/1986	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2190021	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROBERTSON, STANLEY M., II
7187 DEL LAGO DRIVE
SARASOTA FL 34238**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	REITTER, FREDERICK J.	
STREET ADDRESS	1652 VALLEY DR	
CITY-ST-ZIP	VENICE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GURLER, EARLE R	
STREET ADDRESS	3755 PRAIRIE DUNE DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERGUSON, JAMES A.	
STREET ADDRESS	4 WINDWARD TERR	
CITY-ST-ZIP	CAPE HAZE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, H. C	
STREET ADDRESS	3458 WINDING OAKS DR	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, PATRICIA M.	
STREET ADDRESS	105 FIELDSTONE DR	
CITY-ST-ZIP	VENICE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	QUINTON, JOSEPH J	
STREET ADDRESS	4053 PINEHURST PARK	
CITY-ST-ZIP	SARASROA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DER GARRY, WILLIAM T.	
2.3 STREET ADDRESS	5215 Inverness Drive	
2.4 CITY-ST-ZIP	Sarasota, FL 34243-4727	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GIFFORD, DOUGLAS	
4.3 STREET ADDRESS	3333 26th Avenue East	
4.4 CITY-ST-ZIP	Bradenton, FL 34208	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with the address.

CR2E037 (9/96)

EXXON ANNUITANT CLUB OF SARASOTA-MANATEE COUNTIES, INC.

ADDITIONAL DIRECTORS

Col 12	Col 13
<p>D <input checked="" type="checkbox"/> Delete BRITTON, MARRIS 4061 PENHURST PARK SARASOTA, FL 34235</p>	<p>D <input checked="" type="checkbox"/> Addition CROWELL, LOIS A. 223 BIMINI DRIVE PALMETTO, FL 34221</p>
<p>D <input checked="" type="checkbox"/> Delete PARKER, JOHN U. 1771 KILRUSS DRIVE VENICE, FL 34292</p>	<p>D <input checked="" type="checkbox"/> Addition BOYER, IRENE M. 5209 PALM AIRE DRIVE SARASOTA, FL 34243</p>
<p>D MARINO, ELEANOR B. 4834 HAWKSHEAD PARK SARASOTA, FL 34241</p>	