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04-23-1999 90135 039 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17469

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/21/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2190021
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROBERTSON, STANLEY M., II 7187 DEL LAGO DRIVE SARASOTA FL 34238		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REITTER, FREDERICK J.	1.2 NAME	
STREET ADDRESS	1652 VALLEY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, GARRY T	2.2 NAME	
STREET ADDRESS	5215 INVERNESS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSSON, JAMES A.	3.2 NAME	CROWELL, LOIS A.
STREET ADDRESS	4 WINDWARD TERR	3.3 STREET ADDRESS	223 BIMINI DRIVE
CITY-ST-ZIP	CAPE HAZE FL	3.4 CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V.D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIFFORD, DOUGLAS	4.2 NAME	EDELMAN, ALLAN
STREET ADDRESS	3333 26TH AVENUE EAST	4.3 STREET ADDRESS	7115 MARSTON COURT
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	UNIVERSITY PARK, FL 34201
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, PATRICIA M.	5.2 NAME	BAISLEY, CHARLES W.
STREET ADDRESS	105 FIELDSTONE DR	5.3 STREET ADDRESS	4708 OCEAN BLYD. E-9
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	SARASOTA FL 34242
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, WILLIAM S III	6.2 NAME	QUINTON, JOSEPH J.
STREET ADDRESS	4812 GREYWOOD LN	6.3 STREET ADDRESS	4053 PENSHURST PARK
CITY-ST-ZIP	SARASOTA FL 34235	6.4 CITY-ST-ZIP	SARASOTA FL 34235

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 617, 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 REQUIRED** APRIL 16, 1999 (941) 387-0493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)

N17 469
401128-90135-
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EXXON ANNUITANT CLUB OF SARASOTA-MANATEE COUNTIES, INC.

ADDITIONAL DIRECTORS

COL 12	COL 13
D BAISLEY, JANE 4708 OCEAN BLVD E-9 SARASOTA FL 34242	
D GOREE, ROBERT C. 3431 WINDING OAKS DRIVE LONGBOAT KEY, FL 34228	PD CHANGE <input checked="" type="checkbox"/>
	D HAESSNER, PATRICIA J. ADDITION <input checked="" type="checkbox"/> 1100 BAYSHORE DRIVE TERRA CEIA FL 34250