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Feb 27, 1999 8:00 am
Secretary of State

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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 # N26099

1. Corporation Name
EXXON GULF COAST ANNUITANT CLUB, INC.

Principal Place of Business C/O EXXON ANNT CLUB 7103 SCENIC HWY PENSACOLA FL 32504 US	Mailing Address C/O EUGENE LANGSTON 7103 SCENIC HWY PENSACOLA FL 32504 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/08/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 63-0917752
City & State 23	City & State 28	5. Certificate of Status Desired <input 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	
LANGSTON, E.P. 7103 SCENIC HWY PENSACOLA FL 32504		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSCH, HERBERT P	1.2 NAME	SALMONS, JEROME
STREET ADDRESS	357 GAINES AVE	1.3 STREET ADDRESS	6074 Sunnyridge Rd.
CITY-ST-ZIP	MOBILE AL	1.4 CITY-ST-ZIP	MILTON, FL 32570
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTENFELD, OTTO R	2.2 NAME	LANGSTON, EUGENE P.
STREET ADDRESS	3087 COBBLESTONE DR	2.3 STREET ADDRESS	7103 SCENIC HWY
CITY-ST-ZIP	PACE FL	2.4 CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISK, CAROL K	3.2 NAME	ECKHOFF, JYMELOU
STREET ADDRESS	18521 YACHT CLUB RD	3.3 STREET ADDRESS	2816 DEL RIO RD. W.
CITY-ST-ZIP	FOLEY AL 36535	3.4 CITY-ST-ZIP	MOBILE, AL 36693
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGSTON, EUGENE P.	4.2 NAME	BUTLER, JAMES
STREET ADDRESS	7103 SCENIC HIGHWAY	4.3 STREET ADDRESS	P.O. BOX 372
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	LILLIAN, AL 36549
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNCH, MORGAN W.	5.2 NAME	
STREET ADDRESS	4201 KARMICH PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: EUGENE P. LANGSTON 1/25/99 (850) 479-9847
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)