

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N27098 (5)**  
1. Corporation Name  
**EXXON ANNUITANTS CLUB OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business <b>13411 BRIDGEFORD AVENUE BONITA SPRINGS FL 33923 US</b>	Mailing Address <b>13411 BRIDGEFORD AVE BONITA SPRINGS FL 33923 US</b>
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3. Date incorporated or Qualified <b>06/23/1988</b>
4. FEI Number <b>65-0133137</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 2854 Sancho Panza Ct</b>	2a. Mailing Address <b>26 2854 Sancho Panza Ct</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Punta Gorda, FL</b>	City & State <b>28 Punta Gorda, FL</b>
Zip <b>24 33950</b>	Country <b>25 Charlotte</b>
Country <b>29 33950</b>	Country <b>30 Charlotte</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**HIGGINS, EDWARD  
13411 BRIDGEFORD AVENUE  
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

81 Name <b>LANG, HENRY C.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2854 Sancho Panza Ct</b>
83
84 City <b>Punta Gorda</b>
85 Zip Code <b>FL 33950</b>

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 Henry C. Lang **PRESIDENT** DATE **2/1/98**

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 <b>PD</b>	<b>HIGGINS, EDWARD</b>	1.1 TITLE <b>D</b>	<b>HIGGINS, EDWARD</b>
NAME	<b>13411 BRIDGEFORD AVENUE</b>	1.2 NAME	<b>13411 BRIDGEFORD AVENUE</b>
STREET ADDRESS	<b>BONITA SPGS FL</b>	1.3 STREET ADDRESS	<b>BONITA SPRINGS, FL</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>DICKINSON, ROBERT</b>	2.1 TITLE <b>VD</b>	<b>DICKINSON, ROBERT</b>
NAME	<b>179 PURUS STREET</b>	2.2 NAME	<b>179 PURUS STREET</b>
STREET ADDRESS	<b>PORT CHARLOTTE FL</b>	2.3 STREET ADDRESS	<b>PORT CHARLOTTE, FL</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<b>LANG, HENRY</b>	3.1 TITLE <b>PD</b>	<b>LANG, HENRY C.</b>
NAME	<b>2854 SANCHO PANZA CT</b>	3.2 NAME	<b>2854 SANCHO PANZA CT</b>
STREET ADDRESS	<b>PUNTA GORDA FL</b>	3.3 STREET ADDRESS	<b>PUNTA GORDA, FL</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<b>LAMBERT, DOROTHY</b>	4.1 TITLE	
NAME	<b>140 LAS PALMAS</b>	4.2 NAME	
STREET ADDRESS	<b>N FT MYERS FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>CARMODY, THOMAS</b>	5.1 TITLE	
NAME	<b>5371 COLONADE CT</b>	5.2 NAME	
STREET ADDRESS	<b>CAPE CORAL FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<b>HAMMERBACHER, JOHN A J</b>	6.1 TITLE	
NAME	<b>1629 SUZI STREET</b>	6.2 NAME	
STREET ADDRESS	<b>PUNTA GORDA FL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.

SIGNATURE: Henry C. Lang **HENRY C. LANG 2/1/98 94-639-4249**

CR2E037 (10/97)