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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K19842 (9)
1. Corporation Name
TREASURE COAST EXXON ANNUITANT CLUB, INC.



Principal Place of Business Mailing Address
C/O ROACH, ALFRED F.
6464 BRANDY WINE COURT #111
STUART FL 34997
US

3. Date Incorporated or Qualified 03/30/1988
3a. Date of Last Report 04/10/1996
4. FEI Number 59-2991989
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

ROACH, ALFRED F
6464 BRANDYWINE COURT #111
STUART FL 34997

10. Name and Address of New Registered Agent

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 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 X

Signature type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROACH, ALFRED F
STREET ADDRESS 6464 BRANDYWINE COURT #111
CITY-STATE-ZIP STUART FL 34997
TITLE VD
NAME MALONEY, MARION
STREET ADDRESS 2480 SW BROOKWOOD LANE
CITY-STATE-ZIP PALM CITY FL
TITLE D
NAME HAMILTON, ALEX
STREET ADDRESS 338 S. ERIE DRIVE
CITY-STATE-ZIP FT. PIERCE FL
TITLE D
NAME COATS, GEORGE
STREET ADDRESS 8554 SE BANYAN TRUST
CITY-STATE-ZIP HOBE SOUND FL 33455
TITLE TD
NAME DOSKA, ALEX
STREET ADDRESS 180 SE 51 LUCIE BLVD #405A
CITY-STATE-ZIP STUART FL 34998
TITLE SD
NAME THOMAS, RUSSELL F JR.
STREET ADDRESS 954 NW SPRUCE RIDGE DR. #C3
CITY-STATE-ZIP STUART FL 34998

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE TD
5.2 NAME IRENE LAMBERT
5.3 STREET ADDRESS 175 W. CATHARINE
5.4 CITY-STATE-ZIP Port St Lucie
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

2/28/97 561-288-6817

CR2E034 (9/96)