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Apr 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>C/O STANLEY M ROBERTSON, II 7187 DEL LAGO DRIVE SARASOTA FL 34238-4524 US</b>	Mailing Address <b>C/O STANLEY M ROBERTSON, II 7187 DEL LAGO DRIVE SARASOTA FL 34238-4524 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>10/21/1986</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>59-2190021</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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>
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 <b>ROBERTSON, STANLEY M., II 7187 DEL LAGO DRIVE SARASOTA FL 34238</b>	
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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
<b>FL</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>S/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REITTER, FREDERICK J.</b>	1.2 NAME	
STREET ADDRESS	<b>1652 VALLEY DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GURTLER, EARLE R</b>	2.2 NAME	<b>DER GARRY, WILLIAM T.</b>
STREET ADDRESS	<b>3755 PRAIRIE DUNE DRIVE</b>	2.3 STREET ADDRESS	<b>5215 Inverness Drive</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	<b>Sarasota, FL 34243-4727</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERGUSON, JAMES A.</b>	3.2 NAME	
STREET ADDRESS	<b>4 WINDWARD TERR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE HAZE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALLEN, H. C</b>	4.2 NAME	<b>GIFFORD, DOUGLAS</b>
STREET ADDRESS	<b>3458 WINDING OAKS DR</b>	4.3 STREET ADDRESS	<b>3333 26th Avenue East</b>
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	4.4 CITY-ST-ZIP	<b>Bradenton, FL 34208</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, PATRICIA M.</b>	5.2 NAME	
STREET ADDRESS	<b>105 FIELDSTONE DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUINTON, JOSEPH J</b>	6.2 NAME	
STREET ADDRESS	<b>4053 PINEHURST PARK</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASROA FL</b>	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
D BRITTON, MARRIS 4061 PENHURST PARK SARASOTA, FL 34235 <input checked="" type="checkbox"/> Delete	D CROWELL, LOIS A. 223 BIMINI DRIVE PALMETTO, FL 34221 <input checked="" type="checkbox"/> Addition
D PARKER, JOHN U. 1771 KILRUSS DRIVE VENICE, FL 34292 <input checked="" type="checkbox"/> Delete	D BOYER, IRENE M. 5209 PALM AIRE DRIVE SARASOTA, FL 34243 <input checked="" type="checkbox"/> Addition
D MARINO, ELEANOR B. 4834 HAWKSHEAD PARK SARASOTA, FL 34241	