

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

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

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/21/1986

4. FEI Number

59-2190021

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME REITTER, FREDERICK J.
STREET ADDRESS 1652 VALLEY DR
CITY-ST-ZIP VENICE FL

TITLE D
NAME WILLIAM, GARRY T
STREET ADDRESS 5215 INVERNESS DRIVE
CITY-ST-ZIP SARASOTA FL

TITLE D
NAME FERGUSSON, JAMES A.
STREET ADDRESS 4 WINDWARD TERR
CITY-ST-ZIP CAPE HAZE FL

TITLE VD
NAME GIFFORD, DOUGLAS
STREET ADDRESS 3333 26TH AVENUE EAST
CITY-ST-ZIP BRADENTON FL

TITLE D
NAME ANDERSON, PATRICIA M.
STREET ADDRESS 105 FIELDSTONE DR
CITY-ST-ZIP VENICE FL

TITLE D
NAME MORRIS, WILLIAM S III
STREET ADDRESS 4812 GREYWOOD LN
CITY-ST-ZIP SARASOTA FL 34235

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TD

2.1

D

VD

SD

D

QUINTON, JOSEPH J.
4053 PENSHURST PARK
SARASOTA FL 34235

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 16, 1999

Date

(941) 387-0493

Daytime Phone #

CR2E037 (1/1/98)

N17 469

401128-90135-
39

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 |