FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 18 PM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N26099 (4)

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

Principal Place of Business	Mailing Address
C/O MORGAN W. BUNCH 4201 KARMICH PLACE PENSACOLA FL 32503	~~C/O DEMOUY, WILLIAM G.~~ ~~4745 HOWE CIRCLE~~ ~~PENSACOLA FL 32504~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1988
3a. Date of Last Report: 02/16/1994
4. FEI Number: 63-0917752 (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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address c/o E.P. LANGSTON
21	26 7103 SCENIC HWY, PENSACOLA, FL 32504
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

~~DEMOUY, WILLIAM G.~~
~~4745 HOWE CIRCLE~~
~~PENSACOLA FL 32504~~

10. Name and Address of New Registered Agent

81 Name: E.P. LANGSTON
82 Street Address (P.O. Box Number is Not Acceptable): 7103 SCENIC HWY
83
84 City: PENSACOLA FL 85 Zip Code: 32504

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: Eugene P. Langston — EUGENE P. LANGSTON — TREASURER/DIRECTOR — 4/11/95
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	~~PD~~	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	~~DEMOUY, WILLIAM G~~	1.2 NAME	REINSCH, HERBERT P.	
STREET ADDRESS	~~4745 HOWE CIRCLE~~	1.3 STREET ADDRESS	357 GAINES AVENUE	
CITY-ST-ZIP	~~PENSACOLA FL~~	1.4 CITY-ST-ZIP	MOBILE, AL 36609	
TITLE	~~VD~~	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	~~REINSCH, HERBERT P.~~	2.2 NAME	OSTENFELD, OTTO R.	
STREET ADDRESS	~~357 GAINES AVENUE~~	2.3 STREET ADDRESS	3087 COBBLESTONE DR.	
CITY-ST-ZIP	~~MOBILE AL~~	2.4 CITY-ST-ZIP	PACE, FL 32571	
TITLE	~~SD~~	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	~~PEREZ, PEDRO G~~	3.2 NAME	FINLEY, CAROL K.	
STREET ADDRESS	~~4715 HOWE ROAD~~	3.3 STREET ADDRESS	4170 SPINNAKER UNIT #1223A	
CITY-ST-ZIP	~~PENSACOLA FL~~	3.4 CITY-ST-ZIP	GULF SHORES, AL 36542	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	LNAGSTON, EUGENE P	4.2 NAME		
STREET ADDRESS	7103 SCENIC HIGHWAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☑ Change ☐ Addition
NAME	~~CAMPER, JAMES B~~	5.2 NAME		
STREET ADDRESS	~~9 HOPE COURT~~	5.3 STREET ADDRESS	None	
CITY-ST-ZIP	~~FAIRHOPE AL~~	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BUNCH, MORGAN W.	6.2 NAME		
STREET ADDRESS	4201 KARMICH PLACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Eugene P. Langston — EUGENE P. LANGSTON — ~~PRES~~ — 4/11/95 — (904) 479-9847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071019