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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N26099 (4)**

1. Corporation Name

EXXON GULF COAST ANNUITANT CLUB, INC.

Principal Place of Business

**C/O MORGAN W. BUNCH
4201 KARMICH PLACE
PENSACOLA FL 32503**

Mailing Address

**C/O DEMOUY, WILLIAM G.
7103 SCENIC HWY
PENSACOLA FL 32504-6831
US**3. Date Incorporated or Qualified
04/08/19883a. Date of Last Report
02/07/1996

2. Principal Place of Business

21 C/O EUGENE P. LANGSTON

2a. Mailing Address

26 C/O EUGENE P. LANGSTON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 7103 SCENIC HWY**27 7103 SCENIC HWY**

City & State

City & State

23 PENSACOLA FL**28 PENSACOLA FL**

Zip

Country

Zip

Country

24 32504**25 ESCAMBIA****29 32504****30 ESCAMBIA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANGSTON, E.P.
7103 SCENIC HWY
PENSACOLA FL 32504**

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	PD	<input type="checkbox"/> DELETE
NAME	REINSCH, HERBERT P.	
STREET ADDRESS	357 GAINES AVE	
CITY - ST - ZIP	MOBILE AL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	OSTENFELD, OTTO R.	
STREET ADDRESS	3087 COBBLESTONE DR	
CITY - ST - ZIP	PACE FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	FINLEY, CAROL K.	
STREET ADDRESS	4170 SPINMAKER UNIT #1223A	
CITY - ST - ZIP	GULF SHORES FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LANGSTON, EUGENE P	
STREET ADDRESS	7103 SCENIC HIGHWAY	
CITY - ST - ZIP	PENSACOLA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUNCH, MORGAN W.	
STREET ADDRESS	4201 KARMICH PLACE	
CITY - ST - ZIP	PENSACOLA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LANGSTON, EUGENE P.
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 an address.

SIGNATURE:

SIGNATURE REQUIRED

Eugene P. Langston 1/16/97 (904) 479-9847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072715

CR2E037 (9/96)