

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90234 004 ****61.25

DOCUMENT # N26099

1. Entity Name

EXXON GULF COAST ANNUITANT CLUB, INC.

Principal Place of Business

C/O EXXON ANNUIT CLUB
 7103 SCENIC HWY
 PENSACOLA FL 32504
 US

Mailing Address

C/O EUGENE LANGSTON
 7103 SCENIC HWY
 PENSACOLA FL 32504
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-0917752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **LAY, William J. Jr.**

Street Address (P.O. Box Number is Not Acceptable)
112 GILMORE DR

City **GULF BREEZE** FL Zip Code **32561**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

William J. Lay Jr. **William J. Lay, Jr.**

FEB 1, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
 NAME **SALMONS, JERMONE**
 STREET ADDRESS **6074 SONNYRUDGE RD**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE **VD** ☒ Change ☐ Addition
 NAME **COOK, WILLIAM E.**
 STREET ADDRESS **9641 Hwy 97**
 CITY-ST-ZIP **CENTURY, FL 32535**

TITLE **PD** ☒ Delete
 NAME **LANGSTON, EDGENE P**
 STREET ADDRESS **7103 SCENIC HWY**
 CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **PD** ☒ Change ☐ Addition
 NAME **LAY, WILLIAM J., JR.**
 STREET ADDRESS **P.O. BOX 35 (112 GILMORE DR.)**
 CITY-ST-ZIP **GULF BREEZE, FL 32562-0035**

TITLE **SD** ☐ Delete
 NAME **ECKHOFF, JYMELOU**
 STREET ADDRESS **2816 DEL RIO RD W**
 CITY-ST-ZIP **MOBILE AL 36693**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **BUTLER, JAMES**
 STREET ADDRESS **P.O. BOX 372**
 CITY-ST-ZIP **LILLIAN AL 36549**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William J. Lay Jr. **WILLIAM J. LAY, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 1, 2001 850-932-3210

Date

Daytime Phone #

CR2E037 (10/00)