

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 09, 2002 8:00 am  
Secretary of State

05-09-2002 90056 027 \*\*\*\*61.25

DOCUMENT # N26099

1. Entity Name

EXXONMOBIL GULF COAST ANNUITANT CLUB, INC.

Principal Place of Business

Mailing Address

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

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

LAY, WILLIAM J.  
112 GILMORE DRIVE  
GULF BREEZE FL 32561

Name

COOK, WILLIAM E.

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

9641 Hwy 97

City

CENTURY

FL

Zip Code

32535

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

*Wm. E. Cook*

WILLIAM E. COOK (PRESIDENT)

4-13-02

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 NAME STREET ADDRESS CITY-ST-ZIP	VD COOK, WILLIAM E. 9641 HWY 97 CENTURY FL 32535	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D COOK, WILLIAM E. 9641 HWY 97 CENTURY, FL 32535	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAY, WILLIAM J. 112 GILMORE DRIVE GULF BREEZE FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D FELLMAN, JAMES 9540 ABRAHAM CT. DAPHNE, AL 36526	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ECKHOFF, JYMELOU 2816 DEL RIO RD W MOBILE AL 36693	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D WHITE, BETTY W. 1920 LODGE POLE DR. MILTON, FL 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUTLER, JAMES P.O. BOX 372 LILLIAN AL 36549	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAY, WILLIAM J. 112 GILMORE DR. GULF BREEZE FL 32561	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLTON, RICHARD 4375C DARNEY RD JAY, FL 32565	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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:

*Wm. E. Cook*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-02

Date

850-327-6421

Daytime Phone #