

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90026 044 ****61.25

052101



DO NOT WRITE IN THIS SPACE

DOCUMENT # N27098				1. Entity Name	
EXXON ANNUITANTS CLUB OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business			Mailing Address		
2854 SANCO PANZA CT PUNTA GORDA FL 33950 US			2854 SANCHO PANZA CT PUNTA GORDA FL 33950-6354 US		
2. Principal Place of Business		3. Mailing Address			
179 PURUS STREET		179 PURUS STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
PORT CHARLOTTE, FL		PORT CHARLOTTE, FL		65-0133137	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33983	USA	33983	USA		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANG, HENRY C 2854 SANCHO PANZA CT PUNTA GORDA FL 33950			Name		
			DICKINSON, ROBERT M.		
			Street Address (P.O. Box Number is Not Acceptable)		
			179 PURUS STREET		
			City		
			PORT CHARLOTTE FL		
			Zip Code		
			33983		
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 <u>Robert M. Dickinson</u> 04/06/2000					
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. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, EDWARD		NAME		
STREET ADDRESS	13411 BRIDGEMORE AVE		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPGS FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKINSON, ROBERT		NAME	DICKINSON, ROBERT M.	
STREET ADDRESS	179 PURUS STREET		STREET ADDRESS	179 PURUS STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL		CITY-ST-ZIP	PORT CHARLOTTE, FL 33983	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, HENRY		NAME	LANG, HENRY C.	
STREET ADDRESS	2854 SANCHO PANZA CT		STREET ADDRESS	2854 SANCHO PANZA CT	
CITY-ST-ZIP	PUNTA GORDA FL		CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, DOROTHY		NAME		
STREET ADDRESS	140 LAS PALMAS		STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMODY, THOMAS		NAME		
STREET ADDRESS	5371 COLONADE CT		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMERBACHER, JOHN A J		NAME		
STREET ADDRESS	1629 SUZI STREET		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		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: <u>Robert M. Dickinson</u> 04/06/2000 (941) 625-5606					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E037 (9/99)

#N27098

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**2000 UNIFORM BUSINESS REPORT (UBR)
EXXON ANNUITANTS CLUB OF SOUTHWEST FLORIDA, INC.**

ATTACHMENT TO DOCUMENT #N27098

BOX 11-ADDITIONS

TITLE: VD
NAME: NUBER, KENNETH
STREET ADDRESS: 3213 GOLFSIDE DRIVE
CITY-ST-ZIP: NAPLES, FL 34110

TITLE: D
NAME: THOMAS, C. ROBERT
STREET ADDRESS: 25141 PENNYROYAL DRIVE
CITY-ST-ZIP: BONITA SPRINGS, FL 34134