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 MAR -2 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32096 (2)

1. Corporation Name

EXXON ANNUITANTS CLUB TAMPA BAY AREA, INC.

Principal Place of Business	Mailing Address
C/O ROBERT J. CAVANAUGH 11019 SANDTRAP DRIVE PORT RICHEY FL 34668	C/O ROBERT J. CAVANAUGH 11019 SANDTRAP DRIVE PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1989
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2965685 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: C/O PHILIP W THOMAS
22 Suite, Apt. #, etc.: 120 VINE ST
23 City & State: PLANT CITY, FL
24 Zip: 33567 25 Country:

2a. Mailing Address
26: C/O PHILIP W THOMAS
27 Suite, Apt. #, etc.: 120 VINE ST
28 City & State: PLANT CITY, FL
29 Zip: 33567 30 Country:

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

9. Name and Address of Current Registered Agent

CAVANAUGH, ROBERT J.
11019 SANDTRAP DRIVE
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: THOMAS, PHILIP W
82 Street Address (P.O. Box Number is Not Acceptable): 120 VINE ST
83:
84 City: PLANT CITY FL 85 Zip Code: 33567

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: Philip W Thomas 2/24/95
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	DV	11 TITLE		☐ Change ☐ Addition
NAME	HUNTER, EDGAR E.	12 NAME		
STREET ADDRESS	901 MOORING CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	DS	21 TITLE	DS	☒ Change ☐ Addition
NAME	BALUC, SOPHIA U.	22 NAME	BALUC, SOPHIA U.	
STREET ADDRESS	2100 NURSERY RD., APT. B-8	23 STREET ADDRESS	3078 EASTLAND BLVD APT 402-A	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	DT	31 TITLE	DT	☒ Change ☐ Addition
NAME	CAVANAUGH, ROBERT J.	32 NAME	THOMAS, PHILIP W	
STREET ADDRESS	11019 SANDTRAP DR	33 STREET ADDRESS	120 VINE ST	
CITY-ST-ZIP	PORT RICHEY FL	34 CITY-ST-ZIP	PLANT CITY, FL 33567	
TITLE	DP	41 TITLE	DP	☒ Change ☐ Addition
NAME	ZSELECZKY, ERNEST P	42 NAME	HIBBERT, JAMES B	
STREET ADDRESS	2257 TONIWOOD LANE	43 STREET ADDRESS	6 BELLEVIEW BLVD APT 103	
CITY-ST-ZIP	PALM HARBOR FL	44 CITY-ST-ZIP	BELLEVIEW FL 34616	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 above, or on an attachment with an address.

SIGNATURE: Philip W Thomas, Treasurer 2/24/95 813-754-1386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PHILIP W. THOMAS

0007870