

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32096 (2)

1. Corporation Name

EXXON ANNUITANTS CLUB TAMPA BAY AREA, INC.



Principal Place of Business

%PHILIP W. THOMAS
120 VINE ST.
PLANT CITY FL 33567
US

Mailing Address

%PHILIP W. THOMAS
120 VINE ST.
PLANT CITY FL 33567
US

3. Date Incorporated or Qualified
05/04/1989

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2965685

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, PHILIP W.
120 VINE ST.
PLANT CITY FL 33567

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

Philip W. Thomas

2/21/95

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
NAME HUNTER, EDGAR E. ☒ DELETE
STREET ADDRESS 901 MOORING CIRCLE
CITY-ST-ZIP TAMPA FL

1.1 TITLE DV
1.2 NAME BLANKENHORN, CHARLES ☒ Change ☐ Addition
1.3 STREET ADDRESS 30 TURNER ST., APT 105
1.4 CITY-ST-ZIP CLEARWATER, FL 34616

TITLE DS
NAME BALUC, SOPHIA U. ☐ DELETE
STREET ADDRESS 3078 EASTLAND BLVD #402-A
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT
NAME THOMAS, PHILIP W. ☐ DELETE
STREET ADDRESS 120 VINE ST.
CITY-ST-ZIP PLANT CITY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DP
NAME HIBBERT, JAMES B. ☐ DELETE
STREET ADDRESS 6 BELLEVIEW BLVD #103
CITY-ST-ZIP BELLEVIEW FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

Philip W. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP W. THOMAS

2/24/96 (813) 754-1386

Date

Daytime Phone #

CR2E037 (12/95)