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Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32096** (2)  
1. Corporation Name  
**EXXON ANNUITANTS CLUB TAMPA BAY AREA, INC.**



Principal Place of Business <b>%PHILIP W. THOMAS 120 VINE ST. PLANT CITY FL 33567 US</b>	Mailing Address <b>%PHILIP W. THOMAS 120 VINE ST. PLANT CITY FL 33567 US</b>
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3. Date Incorporated or Qualified <b>05/04/1989</b>
4. FEI Number <b>59-2965685</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 DONALD HARRINGTON 1290 GULF BLVD. Suite, Apt. #, etc. <b>Apt 1702</b></b>	2a. Mailing Address <b>26 1290 Gulf Blvd. Suite, Apt. #, etc. <b>Apt 1702</b></b>
City & State <b>23 Clearwater FL</b>	City & State <b>27 Clearwater FL</b>
Zip <b>24 33767</b>	Country <b>25 US</b>
Zip <b>29 33767</b>	Country <b>30 US</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>THOMAS, PHILIP W. 120 VINE ST. PLANT CITY FL 33567</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>HARRINGTON, DONALD J.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>1290 GULF BLVD, Apt 1702</b>	
83	
84 City <b>CLEAR WATER</b>	85 Zip Code <b>FL 33767</b>

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 **DONALD J. HARRINGTON, TREASURER** *Donald J. Harrington* **6 March 1998**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BLAKENHORN, CHARLES</b>	
STREET ADDRESS <b>30 TURNER STREET APT 105</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE
NAME <b>SPILLET, ALFRED</b>	
STREET ADDRESS <b>1809 REDCOAT LN</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>	
TITLE <b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>THOMAS, PHILIP W.</b>	
STREET ADDRESS <b>120 VINE ST.</b>	
CITY-ST-ZIP <b>PLANT CITY FL</b>	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HIBBERT, JAMES B.</b>	
STREET ADDRESS <b>6 BELLEVUE BLVD #103</b>	
CITY-ST-ZIP <b>BELLEVUE FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>DALTON KERR</b>	
1.3 STREET ADDRESS <b>PO BOX 58068</b>	
1.4 CITY-ST-ZIP <b>ST PETERSBURGH BLH, FL 33715</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>HARRINGTON, DONALD J</b>	
3.3 STREET ADDRESS <b>1290 GULF BLVD, APT 1702</b>	
3.4 CITY-ST-ZIP <b>CLEARWATER, FL 33767</b>	
4.1 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>BARBARA CARSON</b>	
4.3 STREET ADDRESS <b>5324 MERKIN PLACE</b>	
4.4 CITY-ST-ZIP <b>NEW PORT RICHEY, FL 34655</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Donald J. Harrington* **6 March 1998** **813 595 0830**

CR2E037 (10/97)