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96 MAY 10 PM 3:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000000082 (8)

1. Corporation Name
WEEKS/MUSGROVE CORPORATION

Principal Place of Business: **RT 2 BOX 18 LIVE OAK FL 32060**

Mailing Address: **1602 EAST DIXIE DR PO BOX ONE ASHEBORO NC 27204**

3. Date Incorporated or Qualified: **12/31/1992**

3a. Date of Last Report: **11/09/1995**

4. FEI Number: **56-0708016**

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

**SIPES, MARABETH
ROUTE 2 BOX 18
LIVE OAK FL 32060**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, H D	1.2 NAME	
STREET ADDRESS	1602 EAST DIXIE DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	ASHEBORO NC 27204	1.4 CITY - ST - ZIP	200001821402
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIPES, ROBERT H.	2.2 NAME	05714796-01028-00
STREET ADDRESS	RT 2 BOX 18	2.3 STREET ADDRESS	****225.00 ****225.00
CITY - ST - ZIP	LIVE OAK FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLY, JOHN H	3.2 NAME	
STREET ADDRESS	1602 EAST DIXIE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	ASHEBORO NC 27204	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, JUNE	4.2 NAME	
STREET ADDRESS	1602 EAST DIXIE DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	ASHEBORO NC 27204	4.4 CITY - ST - ZIP	
TITLE	AT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCK, JONITA S	5.2 NAME	V.P. / Assist. Treasurer
STREET ADDRESS	1602 EAST DIXIE DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	ASHEBORO NC 27204	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	JPLS/ie
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jonita S. Luck* Jonita S. Luck 4-10-96 (910) 625-3368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)