

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 12/31/1992	
21		26		4. FEI Number 56-0708016	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		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
				FL	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	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	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIPES, ROBERT H.	2.2 NAME	
STREET ADDRESS	RT 2 BOX 18	2.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	VAT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCK, JONITA S	5.2 NAME	
STREET ADDRESS	1602 EAST DIXIE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ASHEBORO NC 27204	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 Luck* 1-26-98 336-625-3368

CR2E034 (10/97)