

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katharine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jan 23, 1999 8:00am**  
**Secretary of State**

01-23-1999 90042 001 \*\*\*\*150.00

DOCUMENT # **176774**

1. Corporation Name

**WEEKES & CALLAWAY, INC.**

Principal Place of Business

**777 E ATLANTIC AVENUE  
SUITE 300  
DELRAY FL 33483  
US**

Mailing Address

**777 E ATLANTIC AVENUE  
SUITE 300  
DELRAY FL 33483  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/02/1954**

4. FEI Number

**59-0714699**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

9. Name and Address of Current Registered Agent

**WEEKES, LEON  
777 E ATLANTIC AVE #300  
DELRAY BEACH FL 33483**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **CALLAWAY, J. MICHAEL**  
STREET ADDRESS **777 E. ATLANTIC AVE #300**  
CITY-ST-ZIP **DELRAY BCH FL 00000**

TITLE **CD** ☐ DELETE

NAME **WEEKES, LEON M**  
STREET ADDRESS **777 E ATLANTIC AVE #300**  
CITY-ST-ZIP **DELRAY BCH, FL 00000**

TITLE **CEOS** ☐ DELETE

NAME **WEEKES, LEON A**  
STREET ADDRESS **777 E ATLANTIC AVE #300**  
CITY-ST-ZIP **DELRAY BCH, FL 00000**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/99

Date

5041-278-0948

Daytime Phone #

CR2E034 (11/98)