

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 176774

Entity Name: WEEKES & CALLAWAY, INC.**Current Principal Place of Business:**3945 W ATLANTIC AVE.
DELRAY BEACH, FL 33445**Current Mailing Address:**6050 OAK TREE BLVD. SUITE 500
CLEVELAND, OH 44131**FEI Number:** 59-0714699**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	WEEKES, LEE
Address	3945 WEST ATLANTIC AVE.
City-State-Zip:	DELRAY BCH FL 33445

Title	SEC
Name	GLEESPEN, MICHAEL W
Address	6050 OAK TREE BLVD., SUITE 500
City-State-Zip:	CLEVELAND OH 44131

Title	DIRECTOR
Name	GEFFERT, JOHN J
Address	6050 OAK TREE BLVD., SUITE 500
City-State-Zip:	CLEVELAND OH 44131

Title	VP
Name	KOWALSKI, BRUCE J.
Address	6050 OAK TREE BLVD., SUITE 500
City-State-Zip:	CLEVELAND OH 44131

Title	VP
Name	MELLARD, NANCY M
Address	700 W. 47TH STREET, SUITE 1100
City-State-Zip:	KANSAS CITY MO 64112

Title	TREASURER
Name	SOBE, CYNTHIA L
Address	6050 OAK TREE BLVD., SUITE 500
City-State-Zip:	CLEVELAND OH 44131

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL W GLEESPEN**SECRETARY****04/30/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date