

2023 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:**5959 ROCKSIDE WOODS BLVD N
CLEVELAND , OH 44131 US**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 PRESIDENT
Name WEEKES, LEE
Address 3945 W ATLANTIC AVE.
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name GEFFERT, JOHN J
Address 3945 W ATLANTIC AVE.
City-State-Zip: DELRAY BEACH FL 33445

Title VP
Name MELLARD, NANCY M
Address 3945 W ATLANTIC AVE.
City-State-Zip: DELRAY BEACH FL 33445

Title SECRETARY
Name GLEESPEN, MICHAEL W
Address 3945 W ATLANTIC AVE.
City-State-Zip: DELRAY BEACH FL 33445

Title VP
Name KOWALSKI, BRUCE J.
Address 3945 W ATLANTIC AVE.
City-State-Zip: DELRAY BEACH FL 33445

Title TREASURER
Name SOBE, CYNTHIA L
Address 3945 W ATLANTIC AVE.
City-State-Zip: DELRAY BEACH FL 33445

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, BY**
THERESA FAGAN,
ATTORNEY-IN-FACT

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date