

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 1:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 644351 (9)

1. Corporation Name

WEEKS PLUMBING, INC.

Principal Place of Business

**12644 PALM BCH.
FT. MYERS FL 33905**

Mailing Address

**12644 PALM BCH.
FT. MYERS FL 33905**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/07/1979

3a. Date of Last Report

07/12/1994

4. FEI Number

59-1959444

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEEKS, LISA
7171 NALLE GRADE RD
N FT MYERS FL 33917**

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

Lisa Weeks *Lisa Weeks*

4-12-95

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VSD
NAME	WEEKS, LISA
STREET ADDRESS	7171 NALLE GRADE RD
CITY - ST - ZIP	N FT MYERS FL
TITLE	PD
NAME	WEEKS, TERRY
STREET ADDRESS	7171 NALLE GRADE RD
CITY - ST - ZIP	N FT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	VSD	☒ Change ☐ Addition
12 NAME	WEEKS, TERRY	
13 STREET ADDRESS	7171 nalle grade rd	
14 CITY - ST - ZIP	N ft Myers, Fl 33917	
21 TITLE	pd	☒ Change ☐ Addition
22 NAME	WEEKS, LISA	
23 STREET ADDRESS	7171 Nalle Grade Rd	
24 CITY - ST - ZIP	n Ft Myers, fl, 33917	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(3)(b), 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:

Lisa Weeks *Lisa Weeks*

4-12-95

913-731-6081

(SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)