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Apr 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 815818

(0)

1. Corporation Name

WEATHERLY INC. OF GEORGIA

Principal Place of Business

1100 SPRING ST NW SUITE 800  
ATLANTA GA 30309

Mailing Address

1100 SPRING ST NW SUITE 800  
ATLANTA GA 30309-2830

3. Date Incorporated or Qualified

12/06/1961

3a. Date of Last Report

02/26/1996

4. FEI Number

58-0860889

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 PD ☐ DELETE

NAME BOYD, DAVID E  
STREET ADDRESS 1403 INDIAN WAY  
CITY-ST-ZIP LILBURN GA

TITLE S ☐ DELETE

NAME SMITH, GLENN A  
STREET ADDRESS 1167 HARROWGROVE CT.  
CITY-ST-ZIP MARIETTA GA

TITLE D ☒ DELETE

NAME JOHANSSON, OLLE  
STREET ADDRESS BOX 430 S-691 27  
CITY-ST-ZIP KARLSKOOGA SW

TITLE D ☒ DELETE

NAME LENNART, IVNAS  
STREET ADDRESS BOX 430 S-691 27  
CITY-ST-ZIP KARLSKOOGA SW

TITLE D ☐ DELETE

NAME LEIF, WILNIER  
STREET ADDRESS BOX 430 S-691 27  
CITY-ST-ZIP KARLSKOOGA SW

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

NAME D  
Larsson, Soren  
STREET ADDRESS Box 430 S-691 27  
CITY-ST-ZIP Karlskoga, Sweden

4.1 TITLE ☐ Change ☒ Addition

NAME D  
Fagerstrom, Stig  
STREET ADDRESS Box 430 S-691 27  
CITY-ST-ZIP Karlskoga, Sweden

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

NAME V  
Klima, Douglas B.  
STREET ADDRESS 199 14th Street  
CITY-ST-ZIP Atlanta, GA 30309

14. I do 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 as an attachment with an address.

SIGNATURE: *Glenn A. Smith* Glenn A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97

Date

(404) 873-5030

Daytime Phone #

CR2E034 (9/96)