

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

001291

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90098 049 ***150.00

DOCUMENT # 815818

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1961

4. FEI Number

58-0860889

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.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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	<input type="checkbox"/> DELETE
NAME	BOYD, DAVID E	
STREET ADDRESS	1403 INDIAN WAY	
CITY-ST-ZIP	LILBURN GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, GLENN A	
STREET ADDRESS	1167 HARROWGROVE CT.	
CITY-ST-ZIP	MARIETTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LARSON, SOREN	
STREET ADDRESS	BOX 430 S-691 27	
CITY-ST-ZIP	KARLSKOGE SW	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAGERSTROM, STIG	
STREET ADDRESS	BOX 430 S-691 27	
CITY-ST-ZIP	KARLSKOGE SW	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEIF, WILNIER	
STREET ADDRESS	BOX 430 S-691 27	
CITY-ST-ZIP	KARLSKOGE SW	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KLIMA, DOUGLAS B.	
STREET ADDRESS	199 14 ST	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1350 Denmark Drive
1.4 CITY-ST-ZIP	Lilburn, GA 30047
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	30064
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	275 13th Street, N.E.
6.4 CITY-ST-ZIP	Atlanta, GA 30309

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David E Boyd, Jr. - Pres. 3-11-99

Date

Daytime Phone #

(404) 873-5030

CR2E034 (11/98)