

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000005162 (3)

1. Corporation Name

WEEKLEY HOMES, INC.

Principal Place of Business

Mailing Address

1300 POST OAK BLVD., STE. 1000  
HOUSTON TX 77056

1300 POST OAK BLVD., STE. 1000  
HOUSTON TX 77056



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

3. Date Incorporated or Qualified  
11/15/1993

3a. Date of Last Report  
05/01/1995

4. FEI Number  
74-1896727

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

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

POPE, NICHOLAS A ESQ.  
LOWNDES, DROSDICK, DOSTER, KANTOR & REED  
215 N. EOLA DR.  
ORLANDO FL 32801

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 CP ☐ DELETE

NAME WEEKLEY, DAVID M  
STREET ADDRESS 1300 POST OAK BLVD., STE. 1000  
CITY-ST-ZIP HOUSTON TX 77056

TITLE VP ☐ DELETE

NAME WEEKLEY, RICHARD W  
STREET ADDRESS 1300 POST OAK BLVD., STE. 1000  
CITY-ST-ZIP HOUSTON TX 77056

TITLE VP ☐ DELETE

NAME JOHNSON, JOHN A  
STREET ADDRESS 1300 POST OAK BLVD., STE. 1000  
CITY-ST-ZIP HOUSTON TX 77056

TITLE VP ☐ DELETE

NAME BAILEY, DENNIS  
STREET ADDRESS 1300 POST OAK BLVD., STE. 1000  
CITY-ST-ZIP HOUSTON TX 77056

TITLE CONT- ☒ DELETE

NAME KEITH, TIM V  
STREET ADDRESS 1300 POST OAK BLVD., STE. 1000  
CITY-ST-ZIP HOUSTON TX 77056

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

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 119.07(3)(k), 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 a 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 in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)