FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F95000001804 (2)

1. Corporation Name

WEEKS CORPORATION

Principal Place of Business	Mailing Address
4497 PARK DR. NORCROSS GA 30093	4497 PARK DR. NORCROSS GA 30093

3. Date Incorporated or Qualified: 04/13/1995
3a. Date of Last Report:

4. FEI Number: 58-1525322 ☐ 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

2. Principal Place of Business — 21 / 22 Suite, Apt. #, etc. / 23 City & State / 24 Zip / 25 Country

2a. Mailing Address — 26 / 27 Suite, Apt. #, etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

YERGLER, JON C
C/O LOWNDES, DROSDICK, DOSTER, KANTOR & RE
215 N. EOLA DR.
ORLANDO FL 32802

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WEEKS, A R JR		1.2 NAME	
STREET ADDRESS	4497 PARK DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30093		1.4 CITY-ST-ZIP	
TITLE	CCIO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SENKBEIL, THOMAS D		2.2 NAME	
STREET ADDRESS	4497 PARK DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30093		2.4 CITY-ST-ZIP	
TITLE	PCEO	☐ DELETE	3.1 TITLE: COO	☒ Change ☐ Addition
NAME	ROBINSON, FORREST W		3.2 NAME	
STREET ADDRESS	4497 PARK DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30093		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BRANCH, BARRINGTON H		4.2 NAME	
STREET ADDRESS	200 GALLERIA PKWY., #2000		4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BUSBEE, GEORGE D		5.2 NAME	
STREET ADDRESS	ONE OLD HUDGENS TRAIL		5.3 STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA 30136		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	EITEL, CHARLES R		6.2 NAME	
STREET ADDRESS	2859 PACES FERRY RD., #2000		6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339		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 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: Forrest W. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/30/96 Daytime Phone #: (770)923-4076

CR2E034 (12/95)