

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 MAR 20 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000001804 (2)

1. Corporation Name

WEEKS CORPORATION

Principal Place of Business

4497 PARK DR.
NORCROSS GA 30093

Mailing Address

4497 PARK DR.
NORCROSS GA 30093

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 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

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 CEO
NAME WEEKS, A R JR
STREET ADDRESS 4497 PARK DR.
CITY-ST-ZIP NORCROSS GA 30093 ☐ DELETE

TITLE CCIO
NAME SENKBEIL, THOMAS D
STREET ADDRESS 4497 PARK DR.
CITY-ST-ZIP NORCROSS GA 30093 ☐ DELETE

TITLE COO
NAME ROBINSON, FORREST W
STREET ADDRESS 4497 PARK DR.
CITY-ST-ZIP NORCROSS GA ☐ DELETE

TITLE D
NAME BRANCH, BARRINGTON H
STREET ADDRESS 200 GALLERIA PKWY., #2000
CITY-ST-ZIP ATLANTA GA 30339 ☐ DELETE

TITLE D
NAME BUSBEE, GEORGE D
STREET ADDRESS ONE OLD HUDGENS TRAIL
CITY-ST-ZIP DULUTH GA 30136 ☐ DELETE

TITLE D
NAME EITEL, CHARLES R
STREET ADDRESS 2859 PACES FERRY RD., #2000
CITY-ST-ZIP ATLANTA GA 30339 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 500002463655--2
1.4 CITY-ST-ZIP -03/20/98--01083--003
****317.50 ****158.75

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 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.

CR2E034 (10/97)