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0012600

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 JAN 21 AM 9:03

SECRETARY OF STATE



DOCUMENT # **F95000001804**

1. Corporation Name
WEEKS CORPORATION

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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
04/13/1995
 4. FEI Number Applied For
58-1525322 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

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
 85 Zip Code **FL**

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's signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|--------------------------------------|----------------------------------------------------------------------------|
| TITLE | CEO <input type="checkbox"/> DELETE | 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEEKS, A R JR | 12 NAME |
| STREET ADDRESS | 4497 PARK DR. | 13 STREET ADDRESS |
| CITY-ST-ZIP | NORCROSS GA 30093 | 14 CITY-ST-ZIP |
| TITLE | CCIO <input type="checkbox"/> DELETE | 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SENKBEIL, THOMAS D | 22 NAME |
| STREET ADDRESS | 4497 PARK DR. | 23 STREET ADDRESS |
| CITY-ST-ZIP | NORCROSS GA 30093 | 24 CITY-ST-ZIP |
| TITLE | COO <input type="checkbox"/> DELETE | 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBINSON, FORREST W | 32 NAME |
| STREET ADDRESS | 4497 PARK DR. | 33 STREET ADDRESS |
| CITY-ST-ZIP | NORCROSS GA | 34 CITY-ST-ZIP |
| TITLE | D <input type="checkbox"/> DELETE | 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRANCH, BARRINGTON H | 42 NAME |
| STREET ADDRESS | 200 GALLERIA PKWY., #2000 | 43 STREET ADDRESS |
| CITY-ST-ZIP | ATLANTA GA 30339 | 44 CITY-ST-ZIP |
| TITLE | D <input type="checkbox"/> DELETE | 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUSBEE, GEORGE D | 52 NAME |
| STREET ADDRESS | ONE OLD HUDGENS TRAIL | 53 STREET ADDRESS |
| CITY-ST-ZIP | DULUTH GA 30136 | 54 CITY-ST-ZIP |
| TITLE | D <input type="checkbox"/> DELETE | 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EITEL, CHARLES R | 62 NAME |
| STREET ADDRESS | 2859 PACES FERRY RD., #2000 | 63 STREET ADDRESS |
| CITY-ST-ZIP | ATLANTA GA 30339 | 64 CITY-ST-ZIP |

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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: Elizabeth C Beard 1/18/99 770 717 3226
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)