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0012000

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

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

29

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

CEO
WEEKS, A R JR
4497 PARK DR.
NORCROSS GA 30093

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

COO
SENKBEIL, THOMAS D
4497 PARK DR.
NORCROSS GA 30093

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

COO
ROBINSON, FORREST W
4497 PARK DR.
NORCROSS GA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
BRANCH, BARRINGTON H
200 GALLERIA PKWY., #2000
ATLANTA GA 30339

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
BUSBEE, GEORGE D
ONE OLD HUDGENS TRAIL
DULUTH GA 30136

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
EITEL, CHARLES R
2859 PACES FERRY RD., #2000
ATLANTA GA 30339

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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. Beal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

Date

770 717 3226

Daytime Phone #

CR2E034 (11/98)