

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

001200

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F96000005575

1. Corporation Name  
WEEKS GP HOLDINGS, INC.

99 JAN 21 AM 9:03

SECRETARY OF STATE



Principal Place of Business

4497 PARK DR.  
NORCROSS GA 30093

Mailing Address

4497 PARK DR.  
NORCROSS GA 30093

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified

10/28/1996

4. FEI Number

58-2265743

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

9. Name and Address of Current Registered Agent

YERGLER, JON C  
%LOWNDES, DROSDICK, DOSTER, KANTOR & REED  
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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE POCE  
NAME WEEKS, A R JR  
STREET ADDRESS 4497 PARK DR.  
CITY-ST-ZIP NORCROSS GA 30093

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

TITLE VD  
NAME ROBINSON, FORREST W  
STREET ADDRESS 4497 PARK DR.  
CITY-ST-ZIP NORCROSS GA 30093

TITLE VS  
NAME BELDEN, ELIZABETH C  
STREET ADDRESS 4497 PARK DR.  
CITY-ST-ZIP NORCROSS GA 30093

TITLE VT  
NAME STOCKERT, DAVID P  
STREET ADDRESS 4497 PARK DR.  
CITY-ST-ZIP NORCROSS GA 30093

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

200002759352-2  
-01/29/99-01091-023  
\*\*\*150.00 \*\*\*150.00

☐ Change ☐ Addition

1/21/99

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 Belden  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99  
Date

7707173226  
Daytime Phone #

CR2E034 (1/198)