

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

DOCUMENT # F97000004063 (0)

1. Corporation Name

WEEKS REALTY SERVICES, INC.

98 MAR 20 PM 4:36

SECRETARY OF STATE



Principal Place of Business

Mailing Address

4497 PARK DR.
NORCROSS GA 30093

4497 PARK DR.
NORCROSS GA 30093

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

58-212-5027

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
528 E. PARK AVE.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81

Name

Jon C. Yergler

82

Street Address (P.O. Box Number is Not Acceptable)

c/o Lowndes Drosdick et al.

83

City

215 N. Eola Dr.

84

City

Orlando

FL

85

Zip Code

32801

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 of officer or individual registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PDC
SERKBEIL, THOMAS D
STREET ADDRESS
4497 PARK DR.
CITY-ST-ZIP
NORCROSS GA 30093

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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)

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