

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000004063

1. Corporation Name

WEEKS REALTY SERVICES, INC.

Principal Place of Business

4497 PARK DR.
NORCROSS GA 30093

Mailing Address

4497 PARK DR.
NORCROSS GA 30093

FILED

99 JAN 21 AM 9:03

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

58-2125027

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

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Zip

Country

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30

YERGLER, JON C
% LOWNDES DROSDICK ET AL
215 N. EOLA DR
ORLANDO FL 32801

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 PDC ☐ DELETE

NAME SERKBEIL, THOMAS D

STREET ADDRESS 4497 PARK DR.

CITY-ST-ZIP NORCROSS GA 30093

TITLE V ☐ DELETE

NAME STOCKERT, DAVID

STREET ADDRESS 4497 PARK DR.

CITY-ST-ZIP NORCROSS GA 30093

TITLE ST ☐ DELETE

NAME BELDEN, ELIZABETH

STREET ADDRESS 4497 PARK DR.

CITY-ST-ZIP NORCROSS GA 30093

TITLE DC ☐ DELETE

NAME WEEKS, A R JR

STREET ADDRESS 4497 PARK DR.

CITY-ST-ZIP NORCROSS GA 30093

TITLE D ☐ DELETE

NAME 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

☐ Change ☐ Addition

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SIGNATURE:

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

1/18/99

Date

770 717 3226

Daytime Phone #

CR2E034 (1/98)