

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 # **F97000004064 (8)**

1. Corporation Name

WEEKS CONSTRUCTION SERVICES, INC.

Principal Place of Business

**4497 PARK DR.
NORCROSS GA 30093**

Mailing Address

**4497 PARK DR.
NORCROSS GA 30093**

98 MAR 20 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

58-2126600

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.
526 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

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 the person named in the above statement and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
NAME DUCKETT, CLYDE H
STREET ADDRESS 4497 PARK DR.
CITY-ST-ZIP NORCROSS GA 30093**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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**

☐ Change ☐ Addition

**300002463649--1
-03/20/98--01083--002
***317.50 ***158.75**

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

**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)