

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004064**

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**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

**DUCKETT, CLYDE H**

STREET ADDRESS

**4497 PARK DR.  
NORCROSS GA 30093**

CITY-ST-ZIP

TITLE

V

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NAME

**STOCKERT, DAVID P**

STREET ADDRESS

**4497 PARK DR.  
NORCROSS GA 30093**

CITY-ST-ZIP

TITLE

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NAME

**BELDEN, ELIZABETH**

STREET ADDRESS

**4497 PARK DR.  
NORCROSS GA 30093**

CITY-ST-ZIP

TITLE

DC

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NAME

**WEEKS, A R JR**

STREET ADDRESS

**4497 PARK DR.  
NORCROSS GA 30093**

CITY-ST-ZIP

TITLE

DC

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NAME

**SERKBEIL, THOMAS D**

STREET ADDRESS

**4497 PARK DR.  
NORCROSS GA 30093**

CITY-ST-ZIP

TITLE

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NAME

**ROBINSON, FORREST W**

STREET ADDRESS

**4497 PARK DR.  
NORCROSS GA 30093**

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**600002759346--0  
-01/29/99--01091--022  
\*\*\*\*150.00 \*\*\*\*150.00**

**1/21/99**

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 (11/98)