

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

FILED

**Mar 18 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H33138

(9)

1. Corporation Name
T.A. WEEKS AND ASSOCIATES, INC.



Principal Place of Business

**1815 THORNHILL ROAD
P. O. BOX 1424
AUBURDALE FL 33823
US**

Mailing Address

**P.O. BOX 1424
P. O. BOX 1424
AUBURDALE FL 33823-1424
US**

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

3. Date Incorporated or Qualified
12/07/1984

3a. Date of Last Report
03/15/1996

4. FEI Number

59-2542902

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 has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**DOLORES C. BARTON
1815 THORNHILL ROAD
AUBURDALE FL 33823**

10. Name and Address of New Registered Agent

81 Name **MONTE J. TILLIS, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable)
190 South Broadway
83 **Bartow, Fl. 33830**
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

Monte J. Tillis, Jr.

(801) Registered Agent signature required when terminating

DAN

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEEKS, T. A.	
STREET ADDRESS	1815 THORNHILL RD.	
CITY-ST-ZIP	AUBURDALE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BARTON, DOLORES C.	
STREET ADDRESS	1815 THORNHILL RD.	
CITY-ST-ZIP	AUBURDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WEEKS, T. A.	
1.3 STREET ADDRESS	1815 Thornhill Road	
1.4 CITY-ST-ZIP	Auburmdale, Fl 33823	
2.1 TITLE	DS T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Barton, Dolores C.	
2.3 STREET ADDRESS	1815 Thornhill Road	
2.4 CITY-ST-ZIP	Auburmdale, Fl 33823	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	C. A. Barton	
3.3 STREET ADDRESS	1815 Thornhill Road	
3.4 CITY-ST-ZIP	Auburmdale, Florida 33823	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Dolores C. Barton*

941-917-1129

CR2E034 (9/96)