PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000018851

PAUL E. WEEKS CUSTOM HOMES, INC.

FILED Feb 24, 1999 8:00 am **Secretary of State**

02-24-1999 90043 026 ***150.00



Principal Place of Business Mailing Address 20 TEMPLE AVE 20 TEMPLE AVE FT WALTON BEACH FL 32548 FT WALTON BEACH FL 32548 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/26/1998 2. Principal Place of Business 2a. Mailing Address Applied For 254 VENTURA VBNTURA CIR Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes the current year Intangible USA 30 □No 25 29 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WEEKS, PAUL E II Box Number is Not Acceptable) 82 233 MARTYN PLACE DUTURA FT WALTON BEACH FL 32548 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 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. Paul E. WEEKS II SIGNATURE red Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE Change WEEKS, PAUL E II WEEKS, PAUL E II 12 NAME NAME 254 VENTURA CIRCLE 233 MARTYN PLACE 1.3 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH, FL FT WALTON BEACH FL 32548 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE WEEKS, MONICA L 254 VENTURA CIRCLE WEEKS, MONIA L NAME 22 NAME 233 MARTYN PLACE 2.3 STREET ADDRESS STREET ADDRESS THE WALTON BEACH FT WALTON BEACH FL 32548 CITY-ST-ZIP 2 4 CITY-ST-ZIP □ DELETE 3.1 TITLE ☐ Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE □ Change TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 of 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 open attachment with an address, with all other like empowered.

PAROLER WEEKS I

SIGNATURE

850-203-7924

CR2E034 (11/98)