


FILED

Apr 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b>  <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V19978 (8)**

**1. Corporation Name:**  
**WEEKLEY CONSTRUCTION COMPANY, INC.**

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<b>Principal Place of Business</b> <b>1504 TEMPLEMORE DRIVE</b> <b>CANTONMENT FL 32533</b>	<b>Mailing Address</b> <b>1504 TEMPLEMORE DRIVE</b> <b>CANTONMENT FL 32533-6830</b>
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<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip      Country <b>24</b>	<b>2a. Mailing Address</b> <b>25</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip      Country <b>29</b> <b>30</b>
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**9. Name and Address of Current Registered Agent**

<b>DAVIS, MILES, ESQUIRE</b> <b>25 WEST CEDAR</b> <b>PENSACOLA FL 32501</b>	<b>81</b> Name <b>Vinc</b> <b>82</b> Street Address <b>118</b> <b>83</b> <b>84</b> City <b>Pensacola</b>
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**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation has changed its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate officers or directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE:** \_\_\_\_\_ **(NOTE: Registered Agent signature required)**

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<b>OFFICERS AND DIRECTORS</b>	
<b>1. TITLE</b> <b>P</b> <b>NAME:</b> WEEKLEY, TOMMY R JR. <b>STREET ADDRESS:</b> 1504 TEMPLEMORE DRIVE <b>CITY-ST-ZIP:</b> CANTONMENT FL 32533	<input type="checkbox"/> DELETE
<b>TITLE:</b> VP <b>NAME:</b> WEEKLEY, DELILAH <b>STREET ADDRESS:</b> 1504 TEMPLEMORE DRIVE <b>CITY-ST-ZIP:</b> CANTONMENT FL 32533	<input type="checkbox"/> DELETE
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	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
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	4.1 TITLE
	4.2 NAME
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	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

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**14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CR2E034 (9/96)