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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V19978

(8)

WEEKLEY CONSTRUCTION COMPANY, INC.

1504 TEMPLEMORE DRIVE	1504 TEMPLEMORE DRIVE
Principal Place of Business	Mailing Address

FILED Apr 23 1997 8:00am Secretary of State



1504 TEMPLEMORE DRIVE CANTONMENT FL 32533		1504 TEMPLEMORE DRIVE CANTONMENT FL 32533-6830			
				3. Date incorporated or Qualified 03/10/1992	3a. Date of Last Report 03/12/1996
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3111760	Not Applicable
Suite, Apt 22		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	b.	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	28 Zip	Country		
24	25	29 30		8. This corporation has liability for Intangible tax under s 199 032, Florida Statutes Yes No	
	9. Name and Address of Curren		301 T	10. Name and Address of New Re	
25 V	715, MILES, ESQUIRE N'EST CEDAR ISACOLA FL 32501		118	cent J. Whibbs. Jr ress (P.O. Box Number is Not Acceptable W. Cervantes Stre	
1			84 City	_	85 Zip Code
11 Dan cont	to the arrays icas of Sochase 607.050	2 and 607 1608 Florida Statute	the above parried core	sacola,	urnose of changing its registered
office or r agent. La	cg stored agent, or both, in the State in fam tar with and occupance of ag	of Florida, Suyi chango was at his sector 607.0505 Flor	uthorized by the corporal rida Statutes.	sacola, poration submits this statement for the pation's board of directors. I hereby acception	of the appointment as registered
SIGNATURE	Stigrantine if yield or printed name of regularizational age	nt and trie if applicable (NOTE	Registered Agent signature requi	red when reinstating)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TPLE	P	DELETE.	1.1 TITLE		Change Addition
NAME	WEEKLEY, TOMMY R JR.		1.2 NAME		
STREET ADJECTS	1504 TEMPLEMORE DRIVE		1.3 STREET ADDRESS		
C-IY-ST-ZP	CANTONMENT FL		1.4 CITY-ST-ZIP		
THEE	VP	DELETE	2.1 TITLE		Change Addition
MAME	WEEKLEY, DELILAH		2 2 NAME		
STREET ADDRESS	1504 TEMPLEMORE DRIVE		2.3 STREET ADDRESS		
CHY - \$1 - 20°	CANTONMENT FL	Lorest	2.4 CITY-ST-ZIP		0
TIIL€		☐ OELETE	3.1 TITLE		Change Addition
NARA			3 2 NAME		
STREET AUDRESS			3 3 STREET ADDRESS		
CHY ST-705		DELETE	3 4. CITY-ST-ZIP		Change Addition
1:11 F		☐ btric	4.1 TITLE		L. Change L. Audition
NAM:			4. 2 NAME	*	
STREET ANDRESS			4 3 STREET ADDRESS		
CITY-ST ZIF	,	DELETE	4.4 CiTY+ST-ZIP 5.1 TiTLE		Change Addition
1HLF		_ precie	4.1.1.1.1	**.	Unarige Las Patrion
NAME			5.2 NAME		
STEEL LADORESS			5.3 STREET ADDRESS		
Caty-St-ZP DULE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
		La price	62 NAME		C comide C vention
NAME DEBTE AND SE					
STREET ADDRESS			6.3 STREET ADDRESS		
€-ir-\$i-∂£ 14 . Ldo here:	by centry that the information supplies	d with this filing does not qualify	6.4 CITY-ST-7/P	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the

14. I do hereby certify that the information supplied with this filling 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:

DILLEGAL) LILLSLIFE OF PRINTED NAME OF SIGNING OFFICER STARRECTOR

4-17-97

904-968-5472