

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

FILED

Apr 04 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 # F96000005056 (4)

1. Corporation Name:

WMA MORTGAGE SERVICES, INC.

Principal Place of Business

200 GALLERIA PKWY., STE. 500
ATLANTA GA 30339

Mailing Address

200 GALLERIA PKWY., STE. 500
ATLANTA GA 30339-3183



2. Principal Place of Business

21 135 Technology Parkway

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Norcross, Georgia

Zip Country

24 30092

25 Gwinnett

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

28 City & State

29 City & State

30 Zip Country

31 Zip Country

32 Zip Country

33 Zip Country

34 Zip Country

35 Zip Country

36 Zip Country

37 Zip Country

38 Zip Country

39 Zip Country

40 Zip Country

41 Zip Country

42 Zip Country

43 Zip Country

44 Zip Country

45 Zip Country

46 Zip Country

47 Zip Country

48 Zip Country

49 Zip Country

50 Zip Country

51 Zip Country

52 Zip Country

53 Zip Country

54 Zip Country

55 Zip Country

56 Zip Country

57 Zip Country

58 Zip Country

59 Zip Country

60 Zip Country

61 Zip Country

62 Zip Country

63 Zip Country

64 Zip Country

65 Zip Country

66 Zip Country

67 Zip Country

68 Zip Country

69 Zip Country

70 Zip Country

71 Zip Country

72 Zip Country

73 Zip Country

74 Zip Country

75 Zip Country

76 Zip Country

77 Zip Country

78 Zip Country

79 Zip Country

80 Zip Country

3. Date Incorporated or Qualified

09/30/1996

3a. Date of Last Report

4. FEI Number

58-1992208

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

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 of the person named as registered agent who files this statement (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1 DP

WOODMAN, ANDREW J JR.

5555 TRIANGLE PKWY., 2ND FL.

NORCROSS GA 30092

2 S

MOATE, NANCY A

5555 TRIANGLE PKWY., 2ND FL.

NORCROSS GA 30092

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

135 Technology Parkway, Suite 100

Norcross, GA 30092

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

135 Technology Parkway, Suite 100

Norcross, GA 30092

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

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

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:

ANDREW J. WOODMAN, JR. President

32697 (770) 453-9300

Date

Daytime Phone #

0012318

CP2E034 (9/96)