

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 23, 1999 8:00 am
Secretary of State

08-23-1999 90005 016 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19197

1. Corporation Name

WA TELCOM PRODUCTS CO., INC.

Principal Place of Business

2900 TITAN ROW-SUITE 142
ORLANDO FL 32809
US

Mailing Address

945 E PACES FERRY ROAD
SUITE 2240
ATLANTA GA 30326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1988

4. FEI Number

65-0044209

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 owes the current year
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

21 **945 E. Paces Ferry Road**

2a. Mailing Address

26 **945 E Paces Ferry Road**

Suite, Apt. #, etc.

22 **2200**

Suite, Apt. #, etc.

27 **2200**

City & State

23 **Atlanta, GA**

City & State

28 **Atlanta GA**

Zip Country

24 **30326**

Zip Country

29 **30326**

30

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☒ DELETE

NAME **ODOM, STEVEN A**
STREET ADDRESS **945 E. PACES FERRY ROAD, SUITE 2240**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE **V** ☒ DELETE

NAME **JACK, STEPHEN R**
STREET ADDRESS **7345 CRAIG LEITH DR**
CITY-ST-ZIP **DUCUTH GA 30136**

TITLE **P/D** ☒ DELETE

NAME **WEST, HENSLEY E**
STREET ADDRESS **945 E PACES FERRY RD STE 2240**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE **VCTD** ☐ DELETE

NAME **GERGEL, MARK A**
STREET ADDRESS **945 E PACES FERRY RD STE 2240**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE **V/S** ☐ DELETE

NAME **KIDDER, MARTIN D**
STREET ADDRESS **4501 VINELAND RD.**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **V** ☒ DELETE

NAME **RODRIGUEZ, REYNALDO**
STREET ADDRESS **4501 VINELAND RD.**
CITY-ST-ZIP **ORLANDO FL 32811**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director, Chairman, CEO** ☐ Change ☒ Addition

1.2 NAME **John D. Phillips**
1.3 STREET ADDRESS **945 E. Paces Ferry Road, Ste. 2210**
1.4 CITY-ST-ZIP **Atlanta, GA 30326**

2.1 TITLE **President, Director** ☐ Change ☒ Addition

2.2 NAME **A. Lindsay Wallace**
2.3 STREET ADDRESS **945 E. Paces Ferry Road, Ste. 2210**
2.4 CITY-ST-ZIP **Atlanta, GA 30326**

3.1 TITLE **Vice President, Director** ☒ Change ☐ Addition

3.2 NAME **Mark Gergel**
3.3 STREET ADDRESS **945 E. Paces Ferry Road, Ste. 2210**
3.4 CITY-ST-ZIP **Atlanta, GA 30326**

4.1 TITLE **Treasurer** ☐ Change ☒ Addition

4.2 NAME **Michael Mies**
4.3 STREET ADDRESS **945 E. Paces Ferry Road, Ste. 2210**
4.4 CITY-ST-ZIP **Atlanta, GA 30326**

5.1 TITLE **Secretary** ☐ Change ☒ Addition

5.2 NAME **W. Tod Chmar**
5.3 STREET ADDRESS **945 E. Paces Ferry Road, Ste. 2210**
5.4 CITY-ST-ZIP **Atlanta, GA 30326**

6.1 TITLE **Asst. Secretary** ☐ Change ☒ Addition

6.2 NAME **Martin Kidder**
6.3 STREET ADDRESS **945 E. Paces Ferry Road, Ste. 2210**
6.4 CITY-ST-ZIP **Atlanta, GA 30326**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 607.0507(3)(b), 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: **Mark Gergel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/99

404-760-5344

Date Daytime Phone #

0000711

CR2E034 (5/99)