

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000035253 (1)**

1. Corporation Name

**WG1, INC.**



Principal Place of Business

**801 DOUGLAS AVE.  
SUITE 200  
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**801 DOUGLAS AVE.  
SUITE 200  
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

**21 100 East Sybella Avenue**

Suite, Apt. #, etc.

**22 Suite 225**

City & State

**23 Maitland, Florida**

Zip

**24 32751**

Country

2a. Mailing Address

**26 100 East Sybella Avenue**

Suite, Apt. #, etc.

**27 Suite 225**

City & State

**28 Maitland, Florida**

Zip

**29 32751**

Country

**30**

3. Date Incorporated or Qualified

**05/10/1994**

3a. Date of Last Report

**03/13/1995**

4. FEI Number

**59-3243434**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HAGLE, MARC L  
801 DOUGLAS AVE.  
SUITE 200  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**100 East Sybella Avenue**

83 Suite 225

84 City  
**Maitland**

**FL**

85 Zip Code  
**32751**

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:

*Marc L. Hagle*  
Signature, typed or printed name of registered agent and found applicable.

**Marc L. Hagle**

**4/25/96**

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **HAGLE, MARC L**  
STREET ADDRESS **801 DOUGLAS AVE., STE. 200**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** ☐ DELETE  
NAME **KRUMM, WALTER T**  
STREET ADDRESS **985 BETHEL RD.**  
CITY-ST-ZIP **COLUMBUS OH 43214**

TITLE **AS** ☐ DELETE  
NAME **Nita Sewell**  
STREET ADDRESS **100 East Sybella Avenue**  
CITY-ST-ZIP **Maitland, Florida 32751**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **100 East Sybella Avenue, Suite 225**  
1.4 CITY-ST-ZIP **Maitland, Florida 32751**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **AS**  
3.3 STREET ADDRESS **Nita Sewell**  
3.4 CITY-ST-ZIP **100 East Sybella Avenue**  
**Maitland, Florida 32751**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Marc L. Hagle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marc L. Hagle**

**4/25/96**

DATE

**(407) 629-2040**

DAYTIME PHONE #

CR2E034 (12/95)