

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000019165**

1. Corporation Name  
**DELTA COMM, INC.**

Principal Place of Business  
**12310 WINDSTREAM LANE  
JACKSONVILLE FL 32258**

Mailing Address  
**12310 WINDSTREAM LANE  
JACKSONVILLE FL 32258**

**FILED**  
**Aug 04, 1999 8:00 am**  
**Secretary of State**

08-04-1999 90001 014 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/27/1998**

4. FEI Number

**59-3496946**

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 **10601 SAN JOSE BLVD**

Suite, Apt. #, etc.

City & State

23 **JACKSONVILLE, FL**

Zip

24 **32257**

Country

25 **USA**

2a. Mailing Address

26 **10601 SAN JOSE BLVD.**

Suite, Apt. #, etc.

City & State

28 **JACKSONVILLE, FL**

Zip

29 **32257**

Country

30 **USA**

9. Name and Address of Current Registered Agent

~~HESTER, C. SCOTT ESQ~~  
~~13848 LONGS LANDING ROAD EAST~~  
~~JACKSONVILLE FL 32225~~

**GARY L. WAGNER**  
**10601 SAN JOSE BLVD**  
**JACKSONVILLE, FL**  
**32257**

10. Name and Address of New Registered Agent

81 Name

**GARY L. WAGNER**

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

**10601 SAN JOSE BLVD**

83

84 City

**JACKSONVILLE**

FL

85

Zip Code

**32257**

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: **GARY L. WAGNER**

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

(NOTE: Registered Agent signature required when reinstating)

**7/7/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WAGNER, CHRIS**

STREET ADDRESS **12310 WINDSTREAM LANE**

CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **DIRECTOR** ☐ DELETE

NAME **GARY L. WAGNER**

STREET ADDRESS **10601 SAN JOSE BLVD JAX, FL 32257**

CITY-ST-ZIP **32257**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **GARY L. WAGNER** ☒ Change ☐ Addition

1.2 NAME **CHRIS J.**

1.3 STREET ADDRESS **10601 SAN JOSE BLVD JAX, FL 32257**

1.4 CITY-ST-ZIP **32257** ☐ Change ☒ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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: **GARY L. WAGNER** President/Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/7/99** 404-880-2355

Date

Daytime Phone #

CR2E034 (5/99)