

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90220 023 \*\*\*150.00

DOCUMENT # F97000005811

1. Corporation Name

TACTICS OF GEORGIA, INCORPORATED



Principal Place of Business

1800 CENTURY BLVD., NE STE 1450  
ATLANTA GA 30345

Mailing Address

1800 CENTURY BLVD., NE STE 1450  
ATLANTA GA 30345

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1997

4. FEI Number

58-2031372

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4300 WEST CYPRESS STREET

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 333

27

City & State

City & State

23 TAMPA FLORIDA

28

Zip

Country

Zip

Country

24 33607

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC ☐ DELETE

NAME BLAYLOCK, DEWEY  
STREET ADDRESS 1800 CENTURY BLVD NE STE. 1450  
CITY-ST-ZIP ATLANTA GA 30345

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VVC ☐ DELETE

NAME HAMBERGER, TERRY  
STREET ADDRESS 1800 CENTURY BLVD NE STE. 1450  
CITY-ST-ZIP ATLANTA GA 30345

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE

NAME BLAYLOCK, GINGER  
STREET ADDRESS 1800 CENTURY BLVD NE STE. 1450  
CITY-ST-ZIP ATLANTA GA 30345

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

NAME BLAYLOCK, PATTI  
STREET ADDRESS 1800 CENTURY BLVD NE STE. 1450  
CITY-ST-ZIP ATLANTA GA 30345

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE DV ☐ DELETE

NAME GOGOL, ED  
STREET ADDRESS 1800 CENTURY BLVD NE STE. 1450  
CITY-ST-ZIP ATLANTA GA 30345

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME COGDILL, DAVID  
STREET ADDRESS 1800 CENTURY BLVD NE STE. 1450  
CITY-ST-ZIP ATLANTA GA 30345

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEWEY A. BLAYLOCK

5/1/99

(404) 248-1226

Daytime Phone #

CR2E034 (1/98)