

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

FILED

**May 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000894 (3)
 1. Corporation Name
POWERTEL JACKSONVILLE LICENSES, INC.



Principal Place of Business 1233 O.G. SKINNER DR WEST POINT GA 31833 US	Mailing Address 1233 O.G. SKINNER DR WEST POINT GA 31833 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/22/1996	4. FEI Number 59-3369353 NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature type for principal officer or registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ALLEN	1.2 NAME	
STREET ADDRESS	1233 O.G. SKINNER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST POINT GA	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASTOR, FRED G JR	2.2 NAME	
STREET ADDRESS	1233 O.G. SKINNER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST POINT GA	2.4 CITY-ST-ZIP	
TITLE	ASAT <input type="checkbox"/> DELETE	3.1 TITLE	DASAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETTISS, WALTER R	3.2 NAME	
STREET ADDRESS	9143 PHILLIPS HIGHWAY; SUITE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	COO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER, EDWARD C	4.2 NAME	
STREET ADDRESS	1233 O.G. SKINNER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST POINT GA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	ASAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MILLS, ROBERT K JR
STREET ADDRESS		5.3 STREET ADDRESS	1233 O.G. SKINNER DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WEST POINT GA
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	HOBBS, JEFFREY W.
STREET ADDRESS		6.3 STREET ADDRESS	1233 O.G. SKINNER DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WEST POINT GA

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.

CP2E034 (10/97)