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**FILED**  
**Jun 07, 1999 8:00 am**  
**Secretary of State**

06-07-1999 90016 004 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F96000000894**

1. Corporation Name  
**POWERTEL JACKSONVILLE LICENSES, INC.**



Principal Place of Business Mailing Address  
 1233 O.G. SKINNER DR 1233 O.G. SKINNER DR  
 WEST POINT GA 31833 WEST POINT GA 31833  
 US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/22/1996**

4. FEI Number **59-3369353** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 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 32301-2525

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	DP	<input type="checkbox"/> DELETE
NAME	SMITH, ALLEN	
STREET ADDRESS	1233 O.G. SKINNER DR	
CITY-ST-ZIP	WEST POINT GA	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	ASTOR, FRED G JR	
STREET ADDRESS	1233 O.G. SKINNER DR	
CITY-ST-ZIP	WEST POINT GA	
TITLE	DASA	<input checked="" type="checkbox"/> DELETE
NAME	PETTISS, WALTER R	
STREET ADDRESS	9143 PHILLIPS HIGHWAY; SUITE 400	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ASAT	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, ROBERT K JR	
STREET ADDRESS	1233 O G SKINNER DRIVE	
CITY-ST-ZIP	WEST POINT GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HODGES, JEFFERY W	
STREET ADDRESS	1233 O G SKINNER DRIVE	
CITY-ST-ZIP	WEST POINT GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	ASAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael Tatom	
1.3 STREET ADDRESS	9143 Phillips Highway Suite 400	
1.4 CITY-ST-ZIP	Jacksonville, FL 32256	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Fred G. Astor*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Fred G. Astor

5/14/99 Date (202) 645-2000 Daytime Phone #

CR2E034 (1/198)