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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 # F96000000365 (4)

1. Corporation Name:  
POWERTEL, INC.



Principal Place of Business

Mailing Address

1233 O.G. SKINNER DR  
WEST POINT GA 31833  
US

1233 O.G. SKINNER DR  
WEST POINT GA 31833  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/22/1996

4. FEI Number

58-1944750

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ 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

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

TITLE DC  
NAME LANIER, CAMPBELL B III  
STREET ADDRESS 1239 O.G. SKINNER DR.  
CITY-ST-ZIP WEST POINT GA 31833 ☐ DELETE

TITLE PD  
NAME SMITH, ALLEN E  
STREET ADDRESS 1233 O.G. SKINNER DR  
CITY-ST-ZIP WEST POINT GA ☐ DELETE

TITLE VCFO  
NAME ASTOR, FRED G JR  
STREET ADDRESS 1233 O.G. SKINNER DR  
CITY-ST-ZIP WEST POINT GA ☐ DELETE

TITLE VT  
NAME MILLS, ROBERT K  
STREET ADDRESS 1233 O.G. SKINNER DR  
CITY-ST-ZIP WEST POINT GA ☐ DELETE

TITLE VD  
NAME O'CONNOR, MAURICE P  
STREET ADDRESS ONE CUMBERLAND PLACE; SUITE 112  
CITY-ST-ZIP WEST POINT GA ☐ DELETE

TITLE SD  
NAME SCOTT, WILLIAM H. I  
STREET ADDRESS 1239 O.G. SKINNER DR  
CITY-ST-ZIP WEST POINT GA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP WEST POINT GA 31833 ☒ Change ☐ Addition

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP WEST POINT GA 31833 ☒ Change ☐ Addition

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP WEST POINT GA 31833 ☒ Change ☐ Addition

5.1 TITLE V ☒ Change ☐ Addition  
5.2 NAME HODGES, JEFFREY W  
5.3 STREET ADDRESS 1233 O.G. SKINNER DRIVE  
5.4 CITY-ST-ZIP WEST POINT GA 31833 ☒ Change ☐ Addition

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME SCOTT, WILLIAM H III  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP WEST POINT GA 31833

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

*[Signature]*

*[Signature]*

*[Signature]*

*[Signature]*

CR2E034 (10/97)