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

DOCUMENT # 1. Corporation Name	F9600000365
POWERTEL, 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 Qualifed 01/22/1996		
2. Princ	cipal Place of Business	2a. Mai	ling Address .			4. FEI Number		Applied For
21		26	y™ . • 4			58-1944750		Not Applicable
Suite 22	e, Apt. #, etc.	Suit 27	e, Apt. #, etc.			5, Certificate of Status Desired		75 Additional se Required
City 23	& State	28 City	& State			6. Election Campaign Financing Trust Fund Contribution	•	.00 May Be ided to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year to	ntangible	
24	25	29	30			Personal Property Tax.	C. Yes	s 🗆 No
	9. Name and Address of Curre	nt Registere	d Agent			10. Name and Address of New Registered	d Agent	
`	Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET			81	Name Street Add	dress (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301-2525				83		<u>900002895</u> -06/04/990		

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. London 1.00 and person the obligations of Section 607.0505. State 5.50 and 5.50 are 1.00 and 5.50 are 1.00 are

City

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 of applicable (NOTE Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS	(12.12.11	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12					
TITLE	DC	DELETE	1.1 TITLE	vice President-Controller	[] Change	Addition					
NAME	LANIER, CAMPBELL B III		1.2 NAME	Timothy B. Knight							
STREET ADDRESS			1.3 STREET ADDRESS	Timothy B. Knight 1233 O.G. Skinner Dr.							
CITY-ST-ZIP	WEST POINT GA 31833		1.4 CITY+ST-ZIP	West Point, GA 31838							
TITLE	PD	DELETE	2.1 TITLE		Change	Addition					
NAME	SMITH, ALLEN E	ì	22 NAME	900002895	589-	r*					
STREET ADDRESS			2.3 STREET ADDRESS	-06/04/990	108702	U					
CITY-ST-ZIP	WEST POINT GA 31833		2 4 CITY-ST-ZIP	****400 . 00	****400	.00					
TITLE	VCFO	☐ DELETE	3.1 TITLE		Change	☐ Addition					
NAME	ASTOR, FRED G JR		3.2 NAME	ĺ							
STREET ADDRESS	1233 O.G. SKINNER DR		33 STREET ADDRESS								
CITY-ST-ZIP	WEST POINT GA 31833		3.4. CITY-ST-ZIP								
TITLE	٧ī	DELETE	4.1 TITLE		Change Change	Addition					
NAME	MILLS, ROBERT K		4. 2 NAME	Robert K. Mills, Jr.							
STREET ADDRESS	1233 O.G. SKINNER DR	i	43 STREET ADDRESS								
CITY-ST-ZIP	WEST POINT GA 31833		4.4 CITY+ST-ZIP								
TITLE	V	DELETE	\$1 TITLE		Change	☐ Addition					
NAME	HODGES, JEFFREY W	•	52 NAME								
STREET ADORESS	1233 O G SKINNER DRIVE		5.3 STREET ADDRESS								
CITY-ST-ZIP	WEST POINT GA 31833		5.4 CiTY-ST-ZIP	1							
TITLE	SD	DELETE	61 TITLE	N.	Change	☐ Addition					
NAME	SCOTT, WILLIAM H III		6.2 NAME	1	MΛ						
STREET ADDRESS	1239 O.G. SKINNER DR		6.3 STREET ADORESS		/ / / / / / / / / / / / / / / / / / /						
CITY-ST-ZIP	WEST POINT GA 31833		64 CITY+ST-ZIP	V V) V						

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 cert fy that the information indicated on this annual report or supplemental annual report is true and curate 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 of the receives or trustee emoyaged 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 of an ayachytent with an addition, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPEOUR PRINTED NAME OF SIGNING OFFICER OR GIRECTOR