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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000495 (9)

1. Corporation Name

POWERTEL PCS, 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1996

4. FEI Number

63-1131993

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

TITLE CS
NAME SCOTT, WILLIAM H III
STREET ADDRESS 1239 O.G. SKINNER DR.
CITY-ST-ZIP WEST POINT GA 31833 ☐ DELETE

TITLE DP
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 V
NAME JOHNSON, GEORGE R
STREET ADDRESS 31 INVERNESS CENTER PARKWAY; SUIT 600
CITY-ST-ZIP BIRMINGHAM AL ☐ 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

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME DS DS

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME V

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME MILLS, ROBERT K JR

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME V

6.3 STREET ADDRESS HODGES, JEFFREY W

6.4 CITY-ST-ZIP 1233 O.G. SKINNER DRIVE

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:

W. W. A.

W. W. A.

W. W. A.

CR2E034 (10/97)