

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

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

06-07-1999 90015 025 \*\*\*550.00

**DOCUMENT # F96000000495**

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 the current year Intangible  
Personal Property Tax. ☐ 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	CD	<input type="checkbox"/> DELETE
NAME	LANIER, CAMPBELL B III	
STREET ADDRESS	1239 O.G. SKINNER DR.	
CITY-ST-ZIP	WEST POINT GA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SCOTT, WILLIAM H III	
STREET ADDRESS	1239 O.G. SKINNER DR.	
CITY-ST-ZIP	WEST POINT GA 31833	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SMITH, ALLEN E	
STREET ADDRESS	1233 O.G. SKINNER DR	
CITY-ST-ZIP	WEST POINT GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ASTOR, FRED G JR.	
STREET ADDRESS	1233 O.G. SKINNER DR	
CITY-ST-ZIP	WEST POINT GA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MILLS, JR. R	
STREET ADDRESS	1233 O.G. SKINNER DR	
CITY-ST-ZIP	WEST POINT GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HODGES, JEFFREY W.	
STREET ADDRESS	1233 O. G. SKINNER DR	
CITY-ST-ZIP	WEST POINT GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP- Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Timothy B. Knight	
1.3 STREET ADDRESS	1233 O.G. Skinner Dr.	
1.4 CITY-ST-ZIP	West Point GA 31833	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Robert K. Mills, Jr.	
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:

*Freel G. Astor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/99

Date

(706) 645-2000

Daytime Phone #

CR2E034 (11/98)