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FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000894 (3)

1. Corporation Name
POWERTEL JACKSONVILLE LICENSES, INC.



Principal Place of Business
1239 O.G. SKINNER DRIVE
WEST POINT GA 31833

Mailing Address
1239 O.G. SKINNER DRIVE
WEST POINT GA 31833-1789

3. Date Incorporated or Qualified
02/22/1996

3a. Date of Last Report

2. Principal Place of Business
21 1233 O.G. Skinner Drive
Suite, Apt. #, etc.

2a. Mailing Address
26 1233 O.G. Skinner Dr.
Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 West Point, GA
Zip Country

28 West Point, GA
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 31833 25

29 31833 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 re-stating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOP	<input type="checkbox"/> DELETE
NAME	SMITH, ALLEN	
STREET ADDRESS	1239 O.G. SKINNER DRIVE	
CITY-ST-ZIP	WEST POINT GA 31833	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	ASTOR, FRED G JR	
STREET ADDRESS	1239 O.G. SKINNER DRIVE	
CITY-ST-ZIP	WEST POINT GA 31833	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	PETTISS, WALTER R	
STREET ADDRESS	1239 O.G. SKINNER DRIVE	
CITY-ST-ZIP	WEST POINT GA 31833	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETTISS, WALTER R	
STREET ADDRESS	1239 O.G. SKINNER DRIVE	
CITY-ST-ZIP	WEST POINT GA 31833	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1233 O.G. Skinner Drive
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1233 O.G. Skinner Drive
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ASAT/D
3.3 STREET ADDRESS	9143 Phillips Highway, Suite 400
3.4 CITY-ST-ZIP	Jacksonville, FL 32256
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Edward C. Horner
4.3 STREET ADDRESS	1233 O.G. Skinner Drive
4.4 CITY-ST-ZIP	West Point, GA 31833
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 do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

(706) 645-2000

Date

Daytime Phone #

0013222

CR2E034 (9/96)