FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

Suite, Apt. #, etc.

City & State

22

23

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Zip

1233 O.G. SKINNER DR WEST POINT GA 31833



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

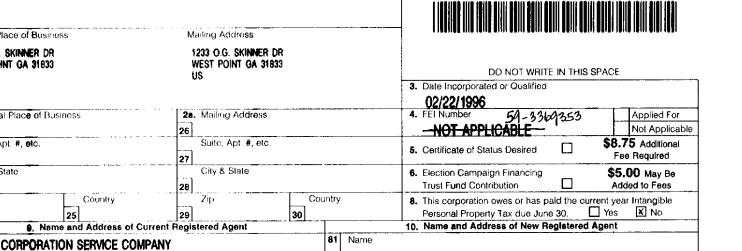
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000000894 (3)

POWERTEL JACKSONVILLE LICENSES, INC.

Country

FILED May 20 1998 8:00am Secretary of State



Street Address (P.O. Box Number is Not Acceptable)

84 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

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agent. I an familiar with, and accept the obligations of, Section 697.0505, Florida Statutes.						
SIGNATURE Signature type for printed trace of legislated agent and the diappoint of the Cappoint of the Cappoi						
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFI			IN 12
TITLE	CEOP	DELETE	1.1 TITLE	DE	Change	Addition
NAME	SMITH, ALLEN		1.2 NAME			
STREET ADDRESS	1233 O.G. SKINNER DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST POINT GA		1.4 CITY - ST - ZIP			
TITLE	DST	DELETE	2.1 TIFLE		[] Change	Addition
NAME	ASTOR, FRED G JR		2.2 NAME			
STREET ADDRESS	1233 O.G. SKINNER DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST POINT GA		2. 4 CITY - ST - ZIP			_
TITLE	ASAT	☐ DELETE	31 TITLE	DASAT	X Change	Addition
NAME	PETTISS, WALTER R		3.2 NAME			
STREET ADDRESS	9143 PHILLIPS HIGHWAY; SUITE 400		3 3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		3 4. CITY - ST - ZIP			7-7 ***********************************
TITLE	C 00	DELETE	4.1 TITLE		☐ Change	Addition
NAME	Horner, Edward C		4 2 NAME			
STREET ADDRESS	1233 O.G. SKINNER DR		4.3 STREET ADDRESS			
CITY-ST-ZIP	WEST POINT GA		4.4 CITY - ST - ZIP			TT
TITLE		DELETE	5.1 TITLE	ASAT 0	L_ Change	X Addition
NAME			5.2 NAME	MILLS, ROBERT K JZ 1233 O.G. SKINNER DRIVE		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY - ST - ZIP	WEST POINT GA		
TITLE		DELETE	6.1 TITLE	Į V	Change	× Addition
NAME			6.2 NAME	HONGES, JEFFREY W. 1233 O.G. SKINNER- DAVE		
STREET ADDRESS			6.3 STREET ADDRESS	1233 O.G. SKINNER- DAVE		

CITY-ST-ZIP

64 CITY-ST-ZIP

WEST POINT GA

14. Thereby 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.