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FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000895 (0)

1. Corporation Name:

POWERTEL/JACKSONVILLE, 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/22/1996

4. FEI Number

~~50-2104937~~ 59-3369351

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

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 or state if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO
NAME SMITH, ALLEN
STREET ADDRESS 1233 O.G. SKINNER DR
CITY-ST-ZIP WEST POINT GA 31833 ☐ DELETE

TITLE DST
NAME ASTOR, FRED G JR
STREET ADDRESS 1233 O.G. SKINNER DR
CITY-ST-ZIP WEST POINT GA 31833 ☐ DELETE

TITLE ASAT
NAME MILLS, ROBERT
STREET ADDRESS 1233 O.G. SKINNER DR
CITY-ST-ZIP WEST POINT GA 31833 ☐ DELETE

TITLE EVGM
NAME PETTISS, WALTER R
STREET ADDRESS 9143 PHILLIPS HIGHWAY, SUITE 400
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ DELETE

TITLE V
NAME BROCK, FREDERICK D IV
STREET ADDRESS 9143 PHILLIPS HIGHWAY, SUITE 400
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ DELETE

TITLE COD
NAME HORNER, EDWARD C
STREET ADDRESS 1233 O.G. SKINNER DR
CITY-ST-ZIP WEST POINT GA 31833 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DP ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition
32 NAME MILLS, ROBERT K JR
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE DV ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE V ☒ Change ☐ Addition
52 NAME HODGES, JEFFREY W
53 STREET ADDRESS 1233 O.G. SKINNER DRIVE
54 CITY-ST-ZIP WEST POINT GA 31833

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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.

CR2E034 (10/97)