


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

001433

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000895

1. Corporation Name

POWERTEL/JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

1233 O.G. SKINNER DR
WEST POINT GA 31833
US

1233 O.G. SKINNER DR
WEST POINT GA 31833
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

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 the current year intangible
Personal Property Tax.

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 reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

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

TITLE DST ☐ DELETE

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

TITLE ASAT ☐ DELETE

NAME MILLS, ROBERT K JR
STREET ADDRESS 1233 O.G. SKINNER DR
CITY-ST-ZIP WEST POINT GA 31833

TITLE DV ☒ DELETE

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

TITLE V ☒ DELETE

NAME HODGES, JEFFERY W
STREET ADDRESS 1233 O G SKINNER DRIVE
CITY-ST-ZIP WEST POINT GA 31833

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE EYP&GM ☐ Change ☒ Addition

12 NAME Michael Tatom
13 STREET ADDRESS 9143 Phillips Highway Suite 400
14 CITY-ST-ZIP Jacksonville, FL 32256

21 TITLE VP- Customer Serv. ☐ Change ☒ Addition

22 NAME Raw Stoner
23 STREET ADDRESS 10050 Deerwood Park Blvd.
24 CITY-ST-ZIP Jacksonville, FL 32256

31 TITLE VP-Operations ☐ Change ☒ Addition

32 NAME Timothy B. Chandler
33 STREET ADDRESS 9143 Phillips Highway Suite 400
34 CITY-ST-ZIP Jacksonville, FL 32256

41 TITLE ☐ Change ☐ Addition

42 NAME 100002898811--0
43 STREET ADDRESS -06/08/99--01083--008
44 CITY-ST-ZIP *****158.75 *****158.75

51 TITLE ☐ Change ☐ Addition

52 NAME 100002898811--0
53 STREET ADDRESS -06/08/99--01083--008
54 CITY-ST-ZIP *****400.00 *****400.00

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/99

(766) 634-1473