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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H29078 (3)**

1. Corporation Name  
**KEY WEST COMMUNICATIONS, INC.**

Principal Place of Business: **300 W TENNESSEE ST PO BOX 1874 TALLAHASSEE FL 32302**  
Mailing Address: **300 W TENNESSEE ST PO BOX 1874 TALLAHASSEE FL 32302**

3. Date Incorporated or Qualified: **11/07/1984** 3a. Date of Last Report: **03/03/1995**  
4. FEI Number: **NOT APPLICABLE** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **3710-12 N. Roosevelt Blvd.** 2a. Mailing Address: **P.O. Box 14369**  
22. City & State: **Key West, FL** 27. City & State: **Tallahassee, FL**  
23. Zip: **33040** 28. Zip: **32317** 25. Country: **USA** 30. Country: **USA**  
24. 29. 30.

9. Name and Address of Current Registered Agent

**PENNINGTON, CARL R., JR.  
3375-A CAPITAL CIRCLE N.E.  
TALLAHASSEE FL**

*NEW ADDRESS ONLY* →

10. Name and Address of New Registered Agent

81. Name: **Pennington, Carl R., Jr.**  
82. Street Address (P.O. Box Number is Not Acceptable): **215 South Monroe Street**  
83. City: **2nd Floor**  
84. City: **Tallahassee** 85. Zip Code: **FL 32301**

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

Sign and type or print the name of the registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE: **PD**  DELETE  
NAME: **TIMM, BRUCE B**  
STREET ADDRESS: **300 W TENN.ST. BOX 1874**  
CITY - ST - ZIP: **TALLAHASSEE FL**

2. TITLE: **STD**  DELETE  
NAME: **TIMM, JAN BETH**  
STREET ADDRESS: **300 W TENN.ST. BOX 1874**  
CITY - ST - ZIP: **TALLAHASSEE FL**

3. TITLE:  DELETE

4. TITLE:  DELETE

5. TITLE:  DELETE

6. TITLE:  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE:  Change  Addition  
12. NAME: **3370 Capital Circle, NE Suite I**  
13. STREET ADDRESS: **Tallahassee, FL 32308**  
14. CITY - ST - ZIP: **3370 Capital Circle, NE Suite I**

2. 1. TITLE:  Change  Addition  
22. NAME: **3370 Capital Circle, NE Suite I**  
23. STREET ADDRESS: **Tallahassee, FL 32308**  
24. CITY - ST - ZIP:  Change  Addition

3. 1. TITLE:  Change  Addition  
32. NAME:  Change  Addition  
33. STREET ADDRESS:  Change  Addition  
34. CITY - ST - ZIP:  Change  Addition

4. 1. TITLE:  Change  Addition  
42. NAME:  Change  Addition  
43. STREET ADDRESS:  Change  Addition  
44. CITY - ST - ZIP:  Change  Addition

5. 1. TITLE:  Change  Addition  
52. NAME:  Change  Addition  
53. STREET ADDRESS:  Change  Addition  
54. CITY - ST - ZIP:  Change  Addition

6. 1. TITLE:  Change  Addition  
62. NAME: **700001728547**  
63. STREET ADDRESS: **-02/29/96--01100--004**  
64. CITY - ST - ZIP: **\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Bruce B. Timm* **Bruce B. Timm, President** 1-26-96 904-385-8818  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)