

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$750).

FILED
 Jul 29 1998 8:00am
 Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mosam Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000087453 (2)
 1. Corporation Name
K.C. TELECOMMUNICATIONS, INC.



| | |
|---|---|
| Principal Place of Business 1045 RIVERSIDE AVE SUITE 300 JACKSONVILLE FL 32204 | Mailing Address 1045 RIVERSIDE AVE SUITE 300 JACKSONVILLE FL 32204 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|-------------|-------------|
| 21. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 22. Mailing Address Suite, Apt. #, etc. City & State Zip | 23. Country | 24. Country |
|---|---|-------------|-------------|

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/23/1996 | |
| 4. FEI Number 59-3414545 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
KELLY, PATRICIA Y
1045 RIVERSIDE AVE
SUITE 300
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | DST | <input type="checkbox"/> DELETE |
| NAME | KELLY, RICHARD T | |
| STREET ADDRESS | 1045 RIVERSIDE AVE SUITE 300 | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | COX, ANDREA J | |
| STREET ADDRESS | 1625 SILVERADO TRAIL | |
| CITY-ST-ZIP | NAPA CA | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | KELLY, PATRICIA Y | |
| STREET ADDRESS | 1045 RIVERSIDE AVE SUITE 300 | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | SCHOU, MARK J. | |
| STREET ADDRESS | 4498 SOUTHSIDE BLVD., #200 | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 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 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.

SIGNATURE: _____ 7-29-98

CR2E034 (5/98)