

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 FEB -8 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
21 3710-12 N. Roosevelt Blvd.
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 14369
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Key West, FL
Zip

28 Tallahassee, FL
Zip

24 33040

Country
25 USA

29 32317

Country
30 USA

9. Name and Address of Current Registered Agent

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

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 2nd Floor

84 City
Tallahassee

85 Zip Code
FL 32301

NEW ADDRESS ONLY
→

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 type for period of time of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	TIMM, BRUCE B	300 W TENN. ST. BOX 1874	TALLAHASSEE FL	<input type="checkbox"/>
STD	TIMM, JAN BETH	300 W TENN. ST. BOX 1874	TALLAHASSEE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		3370 Capital Circle, NE	Suite I Tallahassee, FL 32308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		3370 Capital Circle, NE	Suite I Tallahassee, FL 32308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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)