

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

DOCUMENT # P15900 (4)

1. Corporation Name
KEY COMMUNICATIONS SERVICE, INC.



Principal Place of Business: 2633 GRANT LINE RD. POST OFFICE BOX 109 NEW ALBANY IN 47151-0109 US
Mailing Address: 2633 GRANT LINE ROAD POST OFFICE BOX 109 NEW ALBANY IN 47151-0109 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 09/10/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 35-1438728
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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____

12. OFFICERS AND DIRECTORS	
TITLE: D NAME: GARMON, CHARLES D. STREET ADDRESS: 555 NAVAJO DR. CITY-ST-ZIP: NEW ALBANY IN	<input type="checkbox"/> DELETE
TITLE: SD NAME: GARMON, PHYLLIS E. STREET ADDRESS: 555 NAVAJO DR. CITY-ST-ZIP: NEW ALBANY IN	<input type="checkbox"/> DELETE
TITLE: D NAME: GARMON, VINCENT T. STREET ADDRESS: 3013 CREEK RIDGE DRIVE CITY-ST-ZIP: NEW ALBANY IN	<input type="checkbox"/> DELETE
TITLE: D NAME: GARMON, GLEN M. STREET ADDRESS: 507 NAVAJO DRIVE CITY-ST-ZIP: NEW ALBANY IN	<input type="checkbox"/> DELETE
TITLE: D NAME: GARMON, SHAWN A STREET ADDRESS: 555 NAVAJO DRIVE CITY-ST-ZIP: NEW ALBANY IN	<input type="checkbox"/> DELETE
TITLE: P NAME: PETERS, KENNETH W STREET ADDRESS: 613 N. FORREST DRIVE CITY-ST-ZIP: SELLERSBURG IN	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME: A THOMAS HARDY	
13 STREET ADDRESS: 12202 COVERED BRIDGE ROAD	
14 CITY-ST-ZIP: SELLERSBURG IN 47172	
21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME:	
23 STREET ADDRESS:	
24 CITY-ST-ZIP:	
31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME:	
33 STREET ADDRESS:	
34 CITY-ST-ZIP:	
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	
43 STREET ADDRESS:	
44 CITY-ST-ZIP:	
51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY-ST-ZIP:	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 CITY-ST-ZIP:	

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: *Vivian T. ...* 4-17-96 812-944-3865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF FILING

CR2E034 (12/95)