

**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**

2a. Mailing Address: **26**

22. Suite, Apt. #, etc.

23. City & State

24. Zip Country

25. Country

29. Zip

30. 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. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code: **FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>A THOMAS HARDY</b>	
13 STREET ADDRESS	<b>12202 COVERED BRIDGE ROAD</b>	
14 CITY - ST - ZIP	<b>SELLERSBURG IN 47172</b>	
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

CR2E034 (12/95)