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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3. Date Incorporated or Qualified
09/10/1987

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

35-1438728

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

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GARMON, CHARLES D.
STREET ADDRESS 555 NAVAJO DR.
CITY-ST-ZIP NEW ALBANY IN ☐ DELETE

TITLE SD
NAME GARMON, PHYLLIS E.
STREET ADDRESS 555 NAVAJO DR.
CITY-ST-ZIP NEW ALBANY IN ☐ DELETE

TITLE D
NAME GARMON, VINCENT T.
STREET ADDRESS 3013 CREEK RIDGE DRIVE
CITY-ST-ZIP NEW ALBANY IN ☐ DELETE

TITLE D
NAME GARMON, GLEN M.
STREET ADDRESS 507 NAVAJO DRIVE
CITY-ST-ZIP NEW ALBANY IN ☒ DELETE

TITLE D
NAME GARMON, SHAWN A
STREET ADDRESS 555 NAVAJO DRIVE
CITY-ST-ZIP NEW ALBANY IN ☐ DELETE

TITLE P
NAME PETERS, KENNETH W
STREET ADDRESS 613 N. FORREST DRIVE
CITY-ST-ZIP SELLSBURG IN ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME JEFF K CARPENTER
1.3 STREET ADDRESS 8724 COUNTY LINE RD
1.4 CITY-ST-ZIP SELLSBURG IN 47172 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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:

Charles D. Garmon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

Date

812-944-3865

Daytime Phone

CP2E034 (9/96)