

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/10/1987	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
21		26		4. FEI Number 35-1438728	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		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				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GARMON, CHARLES D.			12 NAME	A. Thomas Hardy		
STREET ADDRESS	555 NAVAJO DR.			13 STREET ADDRESS	12202 Covered Bridge Road		
CITY-ST-ZIP	NEW ALBANY IN			14 CITY-ST-ZIP	Sellersburg, IN 47172-9688		
TITLE	SD	<input type="checkbox"/> DELETE		21 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARMON, PHYLLIS E.			22 NAME	Vincent T. Garmon		
STREET ADDRESS	555 NAVAJO DR.			23 STREET ADDRESS	204 Lancaster Woods		
CITY-ST-ZIP	NEW ALBANY IN			24 CITY-ST-ZIP	New Albany, IN 47150		
TITLE	D	<input type="checkbox"/> DELETE		31 TITLE	Chairman, Board of Directors	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARMON, VINCENT T.			32 NAME	Charles D. Garmon		
STREET ADDRESS	3013 CREEK RIDGE DRIVE			33 STREET ADDRESS	555 Navajo Drive		
CITY-ST-ZIP	NEW ALBANY IN			34 CITY-ST-ZIP	New Albany, IN 47150		
TITLE	P	<input type="checkbox"/> DELETE		41 TITLE	Vice President, Secretary, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARPENTER, JEFF K			42 NAME	Phyllis E. Garmon		
STREET ADDRESS	8724 COUNTY LINE RD.			43 STREET ADDRESS	555 Navajo Drive		
CITY-ST-ZIP	SELLERBURG IN			44 CITY-ST-ZIP	New Albany, IN 47150		
TITLE	D	<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARMON, SHAWN A			52 NAME			
STREET ADDRESS	555 NAVAJO DRIVE			53 STREET ADDRESS			
CITY-ST-ZIP	NEW ALBANY IN			54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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: *Phyllis E. Garmon* 4/20/98

CP2E034 (10/97)