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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

3. Date Incorporated or Qualified

09/10/1987

4. FEI Number

35-1438728

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

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

TITLE SD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE P ☐ DELETE

NAME CARPENTER, JEFF K
STREET ADDRESS 8724 COUNTY LINE RD.
CITY-ST-ZIP SELLERBURG IN

TITLE D ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer ☐ Change ☒ Addition

1.2 NAME A. Thomas Hardy
1.3 STREET ADDRESS 12202 Covered Bridge Road
1.4 CITY-ST-ZIP Sellersburg, IN 47172-9688

2.1 TITLE Director ☒ Change ☐ Addition

2.2 NAME Vincent T. Garmon
2.3 STREET ADDRESS 204 Lancaster Woods
2.4 CITY-ST-ZIP New Albany, IN 47150

3.1 TITLE Chairman, Board of Directors ☒ Change ☐ Addition

3.2 NAME Charles D. Garmon
3.3 STREET ADDRESS 555 Navajo Drive
3.4 CITY-ST-ZIP New Albany, IN 47150

4.1 TITLE Vice President, Secretary, Director ☒ Change ☐ Addition

4.2 NAME Phyllis E. Garmon
4.3 STREET ADDRESS 555 Navajo Drive
4.4 CITY-ST-ZIP New Albany, IN 47150

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Ph D

4/20/98

CP2E034 (10/97)