

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

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P15900 (4)**

1. Corporation Name  
**KEY COMMUNICATIONS SERVICE, INC.**

Principal Place of Business 2833 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/10/1987</b>	
21		26		4. FEI Number <b>35-1438728</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		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	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				<b>FL</b>			

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARMON, CHARLES D.</b>	1.2 NAME	<b>A. Thomas Hardy</b>
STREET ADDRESS	<b>555 NAVAJO DR.</b>	1.3 STREET ADDRESS	<b>12202 Covered Bridge Road</b>
CITY-ST-ZIP	<b>NEW ALBANY IN</b>	1.4 CITY-ST-ZIP	<b>Sellersburg, IN 47172-9688</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARMON, PHYLLIS E.</b>	2.2 NAME	<b>Vincent T. Garmon</b>
STREET ADDRESS	<b>555 NAVAJO DR.</b>	2.3 STREET ADDRESS	<b>204 Lancaster Woods</b>
CITY-ST-ZIP	<b>NEW ALBANY IN</b>	2.4 CITY-ST-ZIP	<b>New Albany, IN 47150</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARMON, VINCENT T.</b>	3.2 NAME	<b>Charles D. Garmon</b>
STREET ADDRESS	<b>3013 CREEK RIDGE DRIVE</b>	3.3 STREET ADDRESS	<b>555 Navajo Drive</b>
CITY-ST-ZIP	<b>NEW ALBANY IN</b>	3.4 CITY-ST-ZIP	<b>New Albany, IN 47150</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARPENTER, JEFF K</b>	4.2 NAME	<b>Phyllis E. Garmon</b>
STREET ADDRESS	<b>8724 COUNTY LINE RD.</b>	4.3 STREET ADDRESS	<b>555 Navajo Drive</b>
CITY-ST-ZIP	<b>SELLERBURG IN</b>	4.4 CITY-ST-ZIP	<b>New Albany, IN 47150</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARMON, SHAWN A</b>	5.2 NAME	
STREET ADDRESS	<b>555 NAVAJO DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW ALBANY IN</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Phyllis E. Garmon* 4/20/98

CP2E034 (10/97)