PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400006254

1. Corporation Name

KEY CO	NSTRUCTORS, INC.								
Principal Place	e of Business	Mailing Address				-		 	#1111 DIOI 1881
P O BOX 590 MADISON MS 3 US		P O BOX 590 MADISON MS 39130 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						12/07/1994 4. FEI Number		T T A.	plied For
2. Principal Pl	lace of Business	2a. Mailing Address							t Applicable
21		Suite, Apt, #, etc.				64-0540086		\$8.75	
Suite, Apt.	#, etc.	27				5. Certifcate of Status Desired		Fee Re	quired
City & State	е	City & State				6. Election Campaign Financing		\$5.00	-
23		28				Trust Fund Contribution		Added t	o Fees
Zìp	Country	Zip	Countr	ry		8. This corporation owes the curr	ent year inte		□No
24	25		30		•	Personal Property Tax. 10. Name and Address of New F	Pagistared :		
	9. Name and Address of Current	Registered Agenτ	8	1 1	lame	to. Name and Address of New P	registered :	-tgont	
	CORPORATION SYSTEM	•	8:		_	ss (P.O. Box Number is Not Accepta	able)		
) South Pine Island Road Ntation FL 33324		8:	3		<u>.</u>			
			8-	14 C	City	. ,		85 Zip (Code
_							<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	s, the abo	ve-n	amea corpo	ration submits this statement for the	t the sensi	stment as re	distered
agent. I a	egistered agent, or both, in the State c im familiar with, and accept the obligati	of Florida, Such change was autions of, Section 607.0505, Florid	horized by da Statute	y the es.	e corporation	ration submits this statement for the n's board of directors. I hereby accept	л не аррол	Million do lo	9.0.0.00
agent. I a SIGNATURE	im tamiliar with, and accept the obligati	ions of, Section 607.0505, Florid	aa Statute	38. 			DATE		
agent. I a	in familiar with, and accept the obligation of the state	t and title if applicable. (NOTE: F	aa Statute	38. 		when reinstating) ADDITIONS/CHANGES TO OF	DATE		
agent. I all SIGNATURE	in familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: F	Registered Ag	gent sig		when reinstating)	DATE		
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Charles, R. Webster CORED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99

601-898-9892

FILED

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90144 035 ***150.00