

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:31

DOCUMENT # 849773 (7)

1. Corporation Name
QUEEN CITY INCORPORATED

Principal Place of Business	Mailing Address
1500 HUGUENOT ROAD STE 106 PO BOX 190 MIDLOTHIAN VA 23113	1500 HUGUENOT ROAD STE 106 PO BOX 190 MIDLOTHIAN VA 23113

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/21/1981	3a. Date of Last Report 03/03/1984
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1500 Huguenot Rd STE 101	26 1500 Huguenot Rd STE 101	31-0997821	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28	24	25
Zip	Country	29	30
24	25	29	30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 creating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, DOUGLAS	1.2 NAME	
STREET ADDRESS	2709 BYINGTON SOLWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	KNOXVILLE TN	1.4 CITY - ST - ZIP	
TITLE	TS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, MICHAEL S	2.2 NAME	
STREET ADDRESS	1500 HUGUENOT ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIDLOTHIAN VA	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEATON, THOMAS	3.2 NAME	
STREET ADDRESS	2709 BYINGTON SOLWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	KNOXVILLE TN	3.4 CITY - ST - ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALEY, NORMA J	4.2 NAME	
STREET ADDRESS	HILL ST SHARONVILLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI, OHIO 00000	4.4 CITY - ST - ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGS, FRANKLIN D	5.2 NAME	
STREET ADDRESS	2709 BYINGTON SOLWAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	KNOXVILLE TN	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALEY, GLENN A.	6.2 NAME	
STREET ADDRESS	HILL ST SHARONVILLE	6.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Michael S. Ellis** 3/28/95 (809) 379-3904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR