

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **849773** (7)

1. Corporation Name
QUEEN CITY INCORPORATED



Principal Place of Business: 1500 HUGUENOT RD #101, PO BOX 190, MIDLOTHIAN VA 23113 US
Mailing Address: 1500 HUGUENOT RD #101, PO BOX 190, MIDLOTHIAN VA 23113 US

3. Date Incorporated or Qualified: 07/21/1981
3a. Date of Last Report: 04/06/1995
4. FEI Number: 31-0997821
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-29)
22. City & State
23. Zip
24. Country

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 (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

11. Pursuant to the provisions of Sections 607.0402 and 607.1505, 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:

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	STEIR, DOUGLAS	
STREET ADDRESS	2709 BYINGTON SOLWAY	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	TS	DELETE
NAME	ELLIS, MICHAEL S	
STREET ADDRESS	1500 HUGUENOT ROAD	
CITY-ST-ZIP	MIDLOTHIAN VA	
TITLE	V	DELETE
NAME	DEATON, THOMAS	
STREET ADDRESS	2709 BYINGTON SOLWAY	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	DV	DELETE
NAME	HEALEY, NORMA J	
STREET ADDRESS	HILL ST SHARONVILLE	
CITY-ST-ZIP	CINCINNATI, OHIO 00000	
TITLE	P	DELETE
NAME	BOGGS, FRANKLIN D	
STREET ADDRESS	2709 BYINGTON SOLWAY	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	D	DELETE
NAME	HEALEY, GLENN A.	
STREET ADDRESS	HILL ST SHARONVILLE	
CITY-ST-ZIP	CINCINNATI OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	9041 Executive Park Dr. #600
14 CITY-ST-ZIP	Knoxville, TN 37923
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	9041 Executive Park Dr. #600
34 CITY-ST-ZIP	Knoxville, TN 37923
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	9041 Executive Park Dr. #600
54 CITY-ST-ZIP	Knoxville, TN 37923
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied in 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: *[Signature]* Michael S. Ellis 3/18/96 804 379 3904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)