

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

FILED

**Mar 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 07/21/1981	
4. FEI Number 31-0997821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIR, DOUGLAS	1.2 NAME	
STREET ADDRESS	4041 EXECUTIVE PARK DR, #600	1.3 STREET ADDRESS	312 Directors Drive #400
CITY-ST-ZIP	KNOXVILLE TN	1.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JOHN D	3.2 NAME	
STREET ADDRESS	6405 PINKE ST.	3.3 STREET ADDRESS	312 DIRECTORS DR. #400
CITY-ST-ZIP	WARREN MI 48094	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALEY, NORMA J	4.2 NAME	
STREET ADDRESS	HILL ST SHARONVILLE	4.3 STREET ADDRESS	1500 Huguenot Rd.
CITY-ST-ZIP	CINCINNATI OH	4.4 CITY-ST-ZIP	MIDLOTHIAN VA
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGS, FRANKLIN D	5.2 NAME	
STREET ADDRESS	4041 EXECUTIVE PARK DR, #600	5.3 STREET ADDRESS	312 Directors Drive #400
CITY-ST-ZIP	KNOXVILLE TN	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALEY, GLENN A	6.2 NAME	
STREET ADDRESS	HILL ST SHARONVILLE	6.3 STREET ADDRESS	1500 Huguenot Rd.
CITY-ST-ZIP	CINCINNATI OH	6.4 CITY-ST-ZIP	MIDLOTHIAN VA

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 _____ DATE **3/16/98** **804 270 3904**

CR2E034 (10/97)