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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **018058** (8)

1. Corporation Name
QUINCY TELEPHONE COMPANY

Principal Place of Business Mailing Address
**107 W FRANKLIN STR
QUINCY FL 32351-2310
US** **ATTN: JULIA L. AUSTIN. TDS TELECOM
P.O. BOX 22995
KNOXVILLE TN 37933-0995
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **107 W. FRANKLIN ST** 26 **PO BOX 22995**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **PO BOX 189** 27
City & State City & State
23 **QUINCY, FL** 28 **KNOXVILLE, TN**
Zip County Zip County
24 **32351** 25 **USA** 29 **37933-0995** 30 **USA**

3. Date Incorporated or Qualified 3a. Date of Last Report
12/03/1927 **02/22/1994**
4. FEI Number Applied For
59-0413860 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be
Added to Fees**
7. This corporation has liability for information under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GREGORY, DANIEL V.
107 W. FRANKLIN STREET
QUINCY FL 32353**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____
Signature typed or printed name of registered agent and the corporation (both) Registered Agent signature required when registering DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BROWN, DONALD
STREET ADDRESS	725 PELLISSIPPI PKY #230
CITY ST ZIP	KNOXVILLE TN
TITLE	VD
NAME	GREGORY, DANIEL V.
STREET ADDRESS	107 W FRANKLIN ST
CITY ST ZIP	QUINCY FL
TITLE	D
NAME	BARNES, G RONNIE
STREET ADDRESS	725 PELLISSIPPI PKWY, STE 230
CITY ST ZIP	KNOXVILLE TN
TITLE	AS
NAME	WATSON, DIANNE K
STREET ADDRESS	107 W FRANKLIN ST
CITY ST ZIP	QUINCY FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	D
NAME	BRYANT, ROBERT
STREET ADDRESS	EXPERIMENT STATION ROAD
CITY ST ZIP	QUINCY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
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 with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 (changed, or on an attachment with an address.

SIGNATURE: _____
Signature typed or printed name of filer or director

4/29/95 (615) 966-4700
Date Telephone Number