

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 # 018058 (8)

1. Corporation Name
QUINCY TELEPHONE COMPANY



Principal Place of Business: 107 W FRANKLIN ST, P.O. BOX 189, QUINCY FL 32351-2310, US
Mailing Address: P.O. BOX 22995, P.O. BOX 22995, KNOXVILLE TN 37903-0995, US

3. Date Incorporated or Qualified: 12/03/1927
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0413860
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 (26-30)

9. Name and Address of Current Registered Agent: GREGORY, DANIEL V. JOY BROWN, 107 W. FRANKLIN STREET, QUINCY FL 32353
10. Name and Address of New Registered Agent: 81 Name: JOY BROWN, 82 Street Address: 107 W. FRANKLIN STREET, 83 City: QUINCY, FL 85 Zip Code: 32353

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: Joy Brown (Signature) 4/26/96 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DONALD	12. NAME	
STREET ADDRESS	725 PELLISSIPPI PKY #230	13. STREET ADDRESS	
CITY - ST - ZIP	KNOXVILLE TN	14. CITY - ST - ZIP	
TITLE	VD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, DANIEL V.	22. NAME	
STREET ADDRESS	107 W FRANKLIN ST	23. STREET ADDRESS	
CITY - ST - ZIP	QUINCY FL	24. CITY - ST - ZIP	
TITLE	D	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, G RONNIE	32. NAME	
STREET ADDRESS	725 PELLISSIPPI PKWY, STE 230	33. STREET ADDRESS	
CITY - ST - ZIP	KNOXVILLE TN	34. CITY - ST - ZIP	
TITLE	AS	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, DIANNE K	42. NAME	
STREET ADDRESS	107 W FRANKLIN ST	43. STREET ADDRESS	
CITY - ST - ZIP	QUINCY FL	44. CITY - ST - ZIP	
TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, ROBERT	52. NAME	
STREET ADDRESS	EXPERIMENT STATION ROAD	53. STREET ADDRESS	
CITY - ST - ZIP	QUINCY FL	54. CITY - ST - ZIP	
TITLE	(VP)	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL A. ABRAHAM	62. NAME	
STREET ADDRESS	725 PELLISSIPPI PRWY #230	63. STREET ADDRESS	
CITY - ST - ZIP	KNOXVILLE TN	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 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: RONNIE BARNES (Signature) 4/26/96 (Date) (423)671-4821 (Phone Number)

CR2E034 (12/95)