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FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # 018058 (8)
 1. Corporation Name
QUINCY TELEPHONE COMPANY



Principal Place of Business Mailing Address
107 W FRANKLIN ST **P.O. BOX 22995**
P.O. BOX 189 **P.O. BOX 22995**
QUINCY FL 32351-2310 **KNOXVILLE TN 37833-0995**
US **US**

3. Date Incorporated or Qualified **12/03/1927** 3a. Date of Last Report **05/01/1996**
 4. FEI Number **59-0413860** Applied For 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 State, Ass # etc. 26 Suite, Apt #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country
 24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
BROWN, JOY
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: *Gay Brown* **03/10/97**
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GREGORY, DANIEL V.	
STREET ADDRESS	107 W FRANKLIN ST	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNES, G RONNIE	
STREET ADDRESS	725 PELLISSIPPI PKWY, STE 230	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYANT, ROBERT	
STREET ADDRESS	EXPERIMENT STATION ROAD	
CITY-ST-ZIP	QUINCY FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ABRAHAM, PAUL A.	
STREET ADDRESS	725 PELLISSIPPI PKWY #230	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BROWN, JOY	
1.3 STREET ADDRESS	107 W. FRANKLIN ST	
1.4 CITY-ST-ZIP	QUINCY, FL	
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVE LUCHGON	
2.3 STREET ADDRESS	725 Pellissippi Pkwy, ste 230	
2.4 CITY-ST-ZIP	Knoxville, TN	
3.1 TITLE	ASSISTANT TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT J. LEXVOLD	
3.3 STREET ADDRESS	725 Pellissippi Pkwy, ste. 230	
3.4 CITY-ST-ZIP	Knoxville, TN	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Robert J. Lexvold* **ROBERT J. LEXVOLD** **2/26/97** **(423) 966-4700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #

CR2E034 (9/96)