

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 30 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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: 107 W FRANKLIN ST, P.O. BOX 188, QUINCY FL 32351-2310 US
 Mailing Address: P.O. BOX 22995, P.O. BOX 22995, KNOXVILLE TN 37933-0995 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 | Suite, Apt. #, etc.
 22 | City & State
 23 | Zip | Country
 24 | 25 |

2a. Mailing Address
 26 | Suite, Apt. #, etc.
 27 | City & State
 28 | Zip | Country
 29 | 30 |

3. Date Incorporated or Qualified: 12/03/1927
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 | 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: *David J. Lucheon* #07-20-98
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWN, JOY	
STREET ADDRESS	107 W FRANKLIN ST	
CITY-ST-ZIP	QUINCY FL	
TITLE	D President	<input type="checkbox"/> DELETE
NAME	BARNES, G RONNIE	
STREET ADDRESS	725 PELLISSIPPI PKWY, STE 230	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	D	<input checked="" 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	T	<input type="checkbox"/> DELETE
NAME	LUCHEON, DAVE	
STREET ADDRESS	725 PELLISSIPPI PARKWAY SUITE 230	
CITY-ST-ZIP	KNOXVILLE TN	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	LEXVOLD, ROBERT J	
STREET ADDRESS	725 PELLISSIPPI PARKWAY SUITE 230	
CITY-ST-ZIP	KNOXVILLE TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Leighanne Lee	
1.3 STREET ADDRESS	725 Pellissippi Pkwy, Ste 230	
1.4 CITY-ST-ZIP	Knoxville, TN	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jerry Masters	
2.3 STREET ADDRESS	301 S. Woodfield Rd.	
2.4 CITY-ST-ZIP	Madison, WI 53705-0158	
3.1 TITLE	Dave Withyer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vice President	
3.3 STREET ADDRESS	301 S. Woodfield Rd.	
3.4 CITY-ST-ZIP	Madison, WI 53705-0158	
4.1 TITLE	Van Barnett	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vice President	
4.3 STREET ADDRESS	725 Pellissippi Pkwy.	
4.4 CITY-ST-ZIP	Knoxville, TN	
5.1 TITLE	Donald Miller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Vice President	
5.3 STREET ADDRESS	725 Pellissippi Pkwy.	
5.4 CITY-ST-ZIP	Knoxville, TN	
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 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: *David J. Lucheon* DAVID J. LUCHEON 7-20-98 423-671-4801

CR2E034 (5/98)