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Apr 04 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 # F94000000189 (0)

1. Corporation Name:
QUINCY'S RESTAURANTS, INC.

Principal Place of Business
600 SHELL LANE
SPARTANBURG SC 29302

Mailing Address
600 SHELL LANE
SPARTANBURG SC 29307-5436



3. Date Incorporated or Qualified 01/13/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 57-0900038	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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
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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	SMITH, KENT M	1.2 NAME	Elmer K. Morris
STREET ADDRESS	600 SHELL LANE	1.3 STREET ADDRESS	600 Shell Lane
CITY-ST-ZIP	SPARTANBURG SC	1.4 CITY-ST-ZIP	Spartanburg, S.C.
TITLE	VP	2.1 TITLE	
NAME	CAMPBELL, C. R	2.2 NAME	
STREET ADDRESS	600 SHELL LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPARTANBURG SC	2.4 CITY-ST-ZIP	
TITLE	CFO	3.1 TITLE	
NAME	BESSENT, KENNETH M	3.2 NAME	David D. Devey
STREET ADDRESS	600 SHELL LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPARTANBURG SC	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	D SUP
NAME	PARISH, RHONDA J.	4.2 NAME	
STREET ADDRESS	600 SHELL LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPARTANBURG SC	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	JPAS
NAME	NELL, ROSS B	5.2 NAME	
STREET ADDRESS	600 SHELL LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPARTANBURG SC	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	VPT
NAME	HUTCHISON, RONALD B	6.2 NAME	
STREET ADDRESS	600 SHELL LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPARTANBURG SC	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:

Rhonda J. Parish 3/31/97 864/597-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0010727

CR2E034 (9/96)