

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90161 045 ***150.00

DOCUMENT # F94000000189

1. Corporation Name
QUINCY'S RESTAURANTS, INC.



Principal Place of Business
600 SHELL LANE
SPARTANBURG SC 29302

Mailing Address
600 SHELL LANE
SPARTANBURG SC 29302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1994

4. FEI Number

57-0900038

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 489 PEACHTREE ST, NE

Suite, Apt. #, etc.

22

City & State

23 ATLANTA, GA

Zip

24 30308

Country

25 FULTON

2a. Mailing Address

26 489 PEACHTREE ST, NE

Suite, Apt. #, etc.

27

City & State

28 ATLANTA, GA

Zip

29 30308

Country

30 FULTON

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

Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

84 City

Tallahassee,

FL

85 Zip Code

32301

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

TITLE P ☒ DELETE

NAME MORRIS, EDNA
STREET ADDRESS 600 SHELL LN
CITY-ST-ZIP SPARTANBURG SC

TITLE VP ☒ DELETE

NAME WEXLER, PAUL R.
STREET ADDRESS 600 SHELL LANE
CITY-ST-ZIP SPARTANBURG SC

TITLE CFOV ☒ DELETE

NAME HOWARD, J. MICHAEL
STREET ADDRESS 600 SHELL LANE
CITY-ST-ZIP SPARTANBURG SC 29302

TITLE DSVP ☒ DELETE

NAME PARISH, RHONDA J.
STREET ADDRESS 600 SHELL LANE
CITY-ST-ZIP SPARTANBURG SC

TITLE VPAS ☒ DELETE

NAME NELL, ROSS B
STREET ADDRESS 600 SHELL LANE
CITY-ST-ZIP SPARTANBURG SC

TITLE VPT ☒ DELETE

NAME HUTCHISON, RONALD B
STREET ADDRESS 600 SHELL LANE
CITY-ST-ZIP SPARTANBURG SC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/C ☒ Change ☐ Addition

1.2 NAME GREGORY M. BUCKLEY
1.3 STREET ADDRESS 489 PEACHTREE ST, NE
1.4 CITY-ST-ZIP ATLANTA, GA 30308

2.1 TITLE V/S ☒ Change ☐ Addition

2.2 NAME REBECCA W. HOLDERREAD
2.3 STREET ADDRESS 489 PEACHTREE ST, NE
2.4 CITY-ST-ZIP ATLANTA, GA 30308

3.1 TITLE V ☒ Change ☐ Addition

3.2 NAME STEVEN R. CORSON
3.3 STREET ADDRESS 489 PEACHTREE ST, NE
3.4 CITY-ST-ZIP ATLANTA, GA 30308

4.1 TITLE V ☒ Change ☐ Addition

4.2 NAME JAMES BROSCIOUS
4.3 STREET ADDRESS 489 PEACHTREE ST, NE
4.4 CITY-ST-ZIP ATLANTA, GA 30308

5.1 TITLE V ☒ Change ☐ Addition

5.2 NAME CHRISTOPHER R. WARD
5.3 STREET ADDRESS 489 PEACHTREE ST, NE
5.4 CITY-ST-ZIP ATLANTA, GA 30308

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Edna Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99
Date

404-872-1400 X19
Daytime Phone #

CR2E034 (11/98)