

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

FILED

Apr 03 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 # F94000000193 (2)

1. Corporation Name

QUINCY'S REALTY, INC.



Principal Place of Business

203 E. MAIN ST.
SPARTANBURG SC 29319

Mailing Address

203 E. MAIN ST.
SPARTANBURG SC 29319-0002

3. Date Incorporated or Qualified

01/13/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

58-1864854

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

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	CAMPBELL, C. R	
STREET ADDRESS	203 E. MAIN ST.	
CITY- ST- ZIP	SPARTANBURG SC	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	BESSENT, KENNETH M	
STREET ADDRESS	203 E. MAIN ST.	
CITY- ST- ZIP	SPARTANBURG SC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, KENT M	
STREET ADDRESS	203 E. MAIN ST.	
CITY- ST- ZIP	SPARTANBURG SC	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	NELL, ROSS B	
STREET ADDRESS	203 E. MAIN ST.	
CITY- ST- ZIP	SPARTANBURG SC	
TITLE	TVP	<input type="checkbox"/> DELETE
NAME	HUTCHISON, RONALD B	
STREET ADDRESS	203 E. MAIN ST.	
CITY- ST- ZIP	SPARTANBURG SC	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	PARISH, RHONDA J	
STREET ADDRESS	203 E. MAIN ST.	
CITY- ST- ZIP	SPARTANBURG SC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	29319
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP, CFO
2.3 STREET ADDRESS	David O. Devoy
2.4 CITY- ST- ZIP	29319
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP AS
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	29319
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP TD
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	29319
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VP SD
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	29319

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 I am added as an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rhonda J. Parish

Rhonda J. Parish

3/31/97

864/597-8000

CR2E034 (9/96)