

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 FEB 27 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **833777** (6)  
1. Corporation Name  
**DODGE MERCHANDISING COMPANY**

Principal Place of Business Mailing Address  
**INDUSTRIAL BLVD  
PO BOX 4009  
EASTMAN GA 31023**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/05/1975** 3a. Date of Last Report **03/04/1994**  
4. FEI Number **58-1121394** 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 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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. (N/A) Registered Agent signature (required when re-registering) (N/A)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVP</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKLIN, RUSS III</b>	2. NAME	
STREET ADDRESS	<b>200 OAK STREET</b>	3. STREET ADDRESS	
CITY - ST - ZIP	<b>EASTMAN GA</b>	4. CITY - ST - ZIP	
TITLE	<b>P</b>	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKLIN, LYNDA S.</b>	2. NAME	
STREET ADDRESS	<b>HAWKINSVILLE ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>EASTMAN GA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>ST</b>	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PICKETT, D B</b>	3. NAME	
STREET ADDRESS	<b>200 OAK STREET</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>EASTMAN GA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VP</b>	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIDDENS, TODD D</b>	4. NAME	
STREET ADDRESS	<b>PO BOX 4009 NA</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>EASTMAN GA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKLIN, LYNDA S.</b>	5. NAME	
STREET ADDRESS	<b>HAWKINSVILLE RD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>EASTMAN GA</b>	5.4 CITY - ST - ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 partnership or trustee empowered to execute this report as required by Chapter 837, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an amendment thereto.

SIGNATURE: *[Signature]* V.P. 2-21-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR