

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **833777** (6)

1. Corporation Name
DODGE MERCHANDISING COMPANY



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

3. Date Incorporated or Qualified: **02/05/1975**
3a. Date of Last Report: **02/27/1995**
4. FEI Number: **58-1121394**
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 (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country
25. Zip, Country
26. Suite, Apt. #, etc.
27. City & State
28. City & State
29. Zip, Country
30. Zip, Country

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
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: _____ (NOTE: Registered Agent's signature required when re-statuting) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, RUSS III	1.2 NAME	
STREET ADDRESS	200 OAK STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	EASTMAN GA	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, LYNDA S.	2.2 NAME	
STREET ADDRESS	HAWKINSVILLE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	EASTMAN GA	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKETT, D B	3.2 NAME	
STREET ADDRESS	200 OAK STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	EASTMAN GA	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIDDENS, TODD D	4.2 NAME	
STREET ADDRESS	PO BOX 4009 NA	4.3 STREET ADDRESS	
CITY - ST - ZIP	EASTMAN GA	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, LYNDA S.	5.2 NAME	
STREET ADDRESS	HAWKINSVILLE RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	EASTMAN GA	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 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)(k), 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 person or persons 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: *[Signature]* VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **3-19-96**
Daytime Phone #: **912-374-5523**

CR2E034 (12/95)