

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

**FILED**  
**Mar 12 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 # 833777 (6)**  
 1. Corporation Name  
**DODGE MERCHANDISING COMPANY**



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

3. Date Incorporated or Qualified **02/05/1975** 3a. Date of Last Report **03/05/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **58-1121394** Applied For Not Applicable

21 State, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	<b>DVP</b> <b>FRANKLIN, RUSS III</b> <b>200 OAK STREET</b> <b>EASTMAN GA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>P</b> <b>FRANKLIN, LYNDA S.</b> <b>HAWKINSVILLE ROAD</b> <b>EASTMAN GA</b>	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<b>ST</b> <b>PICKETT, D B</b> <b>200 OAK STREET</b> <b>EASTMAN GA</b>	2.1 TITLE	2.2 NAME
	<b>VP</b> <b>GIDDENS, TODD D</b> <b>PO BOX 4009 NA</b> <b>EASTMAN GA</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<b>D</b> <b>FRANKLIN, LYNDA S.</b> <b>HAWKINSVILLE RD</b> <b>EASTMAN GA</b>	3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, on an attachment with an address.

SIGNATURE: *Todd D Giddens V.P.* **3-7-97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**TODD D GIDDENS V.P.**

CR2E034 (9/96)