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**Apr 25 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 # 858253 (8)
1. Corporation Name
DOLGENCORP, INC.



Principal Place of Business
**427 BEECH STREET
SCOTTSDALE KY 42164**

Mailing Address
**427 BEECH STREET
SCOTTSDALE KY 42164-1670**

3. Date Incorporated or Qualified
10/26/1983

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

21 Sulte, Apt. #, etc.

22 City & State

24 Zip 25 Country 28 Zip 30 Country

2a. Mailing Address

26 Sulte, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

4. FEI Number
61-0852764

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	TURNER, CAL, JR.	
STREET ADDRESS	104 WOODMONT BLVD 500	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CARPENTER, BOB	
STREET ADDRESS	104 WOODMONT BLVD 500	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STOLTZ, TOM	
STREET ADDRESS	104 WOODMONT BLVD 500	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STELMARCH, LEIGH	
STREET ADDRESS	104 WOODMONT BLVD 500	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ENNIS, MICHAEL	
STREET ADDRESS	104 WOODMONT BLVD 500	
CITY-ST-ZIP	NASHVILLE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHIL RICHARDS	
1.3 STREET ADDRESS	104 WOODMONT BLVD 500	
1.4 CITY-ST-ZIP	NASHVILLE TN.	
2.1 TITLE	ASST. TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SARAH POST	
2.3 STREET ADDRESS	427 BEECH ST.	
2.4 CITY-ST-ZIP	SCOTTSDALE, KY 42164	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 _____ DATE _____

CR2E034 (9/96)