

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DEPARTMENT OF CORPORATIONS

FILED

29 MAR 24 PM 12:30

STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

DOCUMENT # **858253**

1. Corporation Name  
**DOLGENCORP, INC.**

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

Mailing Address  
**427 BEECH STREET  
 SCOTTSVILLE KY 42164**

DO NOT WRITE IN THIS SPACE

3. Date of incorporation (month/year)

**10/26/1983**

4. FIC Number

**61-0852764**

Applied For

That Applicable

5. Contribution of Cash Received

**\$8.75** Additional Fee Prepared

6. Election Campaign Contribution

**\$5.00** May Be Added to Fees

8. The corporation has no real estate owned or leased for Personal Property Tax

10. Name and Address of Now Registered Agent

2. Principal Place of Business		2a. Mailing Address	
21. Subst. Apt. #, etc.	26. Subst. Apt. #, etc.	22. City & State	27. City & State
23. Zip	28. Zip	Country	Country
24. [25]	29. [30]		

9. Name and Address of Current Registered Agent

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

81. Name	
82. Street Address (P.O. Box Number, if Applicable)	
83. [84]	<b>800002826038--0</b>
	<b>-04/01/99--01036--019</b>
84. City	<b>***300.00 ***150.00</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submit this statement for the purpose of filing the required office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, if the corporation is a corporation, or by the agent familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<b>P TURNER, CAL, JR.</b> [DELETE]	11 NAME	[Change] [Addition]
STREET ADDRESS	<b>104 WOODMONT BLVD 500</b>	12 NAME	
CITY, ST, ZIP	<b>NASHVILLE TN 37210</b>	13 STREET ADDRESS	
NAME	<b>S CARPENTER, BOB</b> [DELETE]	14 CITY, ST, ZIP	[Change] [Addition]
STREET ADDRESS	<b>104 WOODMONT BLVD 500</b>	15 NAME	
CITY, ST, ZIP	<b>NASHVILLE TN 37210</b>	16 STREET ADDRESS	
NAME	<b>T RICHARDS, PHIL</b> [DELETE]	17 CITY, ST, ZIP	[Change] [Addition]
STREET ADDRESS	<b>104 WOODMONT BLVD, #500</b>	18 NAME	
CITY, ST, ZIP	<b>NASHVILLE TN 37210</b>	19 STREET ADDRESS	
NAME	<b>C RANDY SANDERSON</b> [DELETE]	20 CITY, ST, ZIP	[Change] [Addition]
STREET ADDRESS	<b>427 BEECH ST</b>	21 NAME	
CITY, ST, ZIP	<b>SCOTTSVILLE KY 42164</b>	22 STREET ADDRESS	
NAME	[DELETE]	23 CITY, ST, ZIP	[Change] [Addition]
STREET ADDRESS	[DELETE]	24 NAME	
CITY, ST, ZIP	[DELETE]	25 STREET ADDRESS	
NAME	[DELETE]	26 CITY, ST, ZIP	[Change] [Addition]
STREET ADDRESS	[DELETE]	27 NAME	
CITY, ST, ZIP	[DELETE]	28 STREET ADDRESS	
NAME	[DELETE]	29 CITY, ST, ZIP	[Change] [Addition]
STREET ADDRESS	[DELETE]	30 NAME	
CITY, ST, ZIP	[DELETE]	31 STREET ADDRESS	

**DIRECTOR OF TAX  
 Mike Porter  
 427 Beech St.  
 Scottsville, KY 42164**

**289  
 3/24/99**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.071(6), Florida Statutes. I further certify that the information indicated on this annual report or supplement, annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. But I am not officer or director of the corporation, or the receiver or assignee, or intended to exempt this report as required by Chapter 607, Florida Statutes, and I that my name appears in Block 12 or Block 13 if changed or my appointment with an address, with an other like empowered.

SIGNATURE: Mike Porter Mike Porter 1/13/99 502-237-5444