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May 05 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 # **P12336** **(4)**

1. Corporation Name
BILL'S DOLLAR STORES INC.

Principal Place of Business	Mailing Address
3800 I-55 NORTH P.O. BOX 9407 JACKSON MS 39286	3800 I-55 NORTH P.O. BOX 9407 JACKSON MS 39286-9407

3. Date Incorporated or Qualified: 12/02/1986
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 64-0736093 ☐ Applied For ☐ Not Applicable

6. 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

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROEHM, MACDONELL JR.		1.2 NAME	
STREET ADDRESS	124 COACHMAN'S ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON MS		1.4 CITY-ST-ZIP	
TITLE	VST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BARRETT, PAUL M. (ASST)		2.2 NAME	
STREET ADDRESS	400 AUDUBON POINT		2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON MS		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ALAN RAY		3.2 NAME	
STREET ADDRESS	531 CAMELIA TRAIL		3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON MS		3.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	4.1 TITLE	V ☐ Change ☒ Addition
NAME	MILEWICZ, LEO		4.2 NAME	David Pfau
STREET ADDRESS	6295 OLD CANTON RD. APT #9A		4.3 STREET ADDRESS	One Lynch Way
CITY-ST-ZIP	JACKSON MS		4.4 CITY-ST-ZIP	Granbury, NJ 08512
TITLE	V	☒ DELETE	5.1 TITLE	V ☐ Change ☒ Addition
NAME	PELLETIER, REGINALD		5.2 NAME	Lee Davis
STREET ADDRESS	1415 E. NORTHSIDE DR.		5.3 STREET ADDRESS	102 Quitman Lane
CITY-ST-ZIP	JACKSON MS		5.4 CITY-ST-ZIP	Madison, MS 39110
TITLE	ASAT	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WEEMS, WALTER		6.2 NAME	
STREET ADDRESS	2212 SHEFFIELD DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [illegible] Bassford 4/22/97 601-987-0604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #