

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P23953 (3)  
1. Corporation Name  
DOLLAR TREE STORES, INC. ✓



Principal Place of Business: PO BOX 2500 NORFOLK VA 23501 ✓  
Mailing Address: PO BOX 2500 NORFOLK VA 23501 ✓

3. Date Incorporated or Qualified: 04/19/1989 ✓  
3a. Date of Last Report: 04/18/1995 ✓  
4. FEI Number: 54-1387365 ✓  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

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: FL

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		DELETE
TITLE	CD	<input type="checkbox"/>
NAME	PERRY, J. DOUGLAS	
STREET ADDRESS	1413 N BAYSHORE DR	
CITY-ST-ZIP	VIRGINIA BEACH VA	
TITLE	PD	<input type="checkbox"/>
NAME	BROCK, MACON F., JR.	
STREET ADDRESS	1506 DUKE OF WINDSOR RD.	
CITY-ST-ZIP	VIRGINIA BEACH VA	
TITLE	VD	<input type="checkbox"/>
NAME	COMPTON, H.R.	
STREET ADDRESS	1001 SEVILLE DRIVE	
CITY-ST-ZIP	CHESAPEAKE VA	
TITLE	TAS	<input type="checkbox"/>
NAME	BROCK, JOAN P.	
STREET ADDRESS	1506 DUKE OF WINDSOR RD.	
CITY-ST-ZIP	VIRGINIA BEACH VA	
TITLE	D	<input type="checkbox"/>
NAME	BROCK, JOAN P.	
STREET ADDRESS	1506 DUKE OF WINDSOR RD.	
CITY-ST-ZIP	VIRGINIA BEACH VA	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 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: *Shay Compton*

3-20-96 (encl) 857-4600

CR2E034 (12/95)

PM 3-27-1996