

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

FILED
Mar 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 # **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 23501-2500**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/19/1989	3a. Date of Last Report 03/27/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 54-1387365	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, J. DOUGLAS	1.2 NAME	
STREET ADDRESS	1413 N BAYSHORE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, MACON F., JR.	2.2 NAME	
STREET ADDRESS	1506 DUKE OF WINDSOR RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPTON, H.R.	3.2 NAME	
STREET ADDRESS	1001 SEVILLE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHESAPEAKE VA	3.4 CITY-ST-ZIP	
TITLE	TAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, JOAN P.	4.2 NAME	
STREET ADDRESS	1506 DUKE OF WINDSOR RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, JOAN P.	5.2 NAME	
STREET ADDRESS	1506 DUKE OF WINDSOR RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BEACH VA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Frederick C. Coble* 2/27/97 757 857 4600
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)