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

## May 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** 1. Corporation Name Dolgen Corp. Inc. 85825 Mailing Address Principal Place of Business 427 Beech St. 427 Beech St DO NOT WRITE IN THIS SPACE Scotlsville, KY 42164 Scotky. Ile, KY 42164 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$B.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION System 1200 S. Pine Island ROAD Street Address (P.O. Box Number is Not Acceptable) 62 PlanTATION, FI 33324 В3 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROS DENT TITLE DELETE 1.1 TITLE Change NAME CAL THRAPE, SR. STREET ADDRESS JUY WOODMENT BIVD 1.2 NAME 1.3 STREET ADDRESS NASHVILL, TN CITY - ST - ZIP 1.4 CITY - ST - ZIP Secretary TITLE 2.1 TITLE Change Addition Bob Carpenter NAME 2.2 NAME 104 WOODMONT BIND STREET ADDRESS 2.3 STREET ADDRESS NAShville TN 37210 CITY - ST - ZIP 2.4 CITY - ST - ZIP TREASURER TITLE DELETE 3.1 TITLE Change Addition Dhil Richards NAME 3.2 NAME loy woodmond Blod 3.3 STREET ADDRESS STREET ADDRESS Mashville TN 37210 Controller [ Randy Sanderson CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 427 BRECEX St. STREET ADDRESS 4.3 STREET ADDRESS KY 42164 CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Addition TITLE Change 00000252597 -05/15/98--01081--032 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP \*\*\*300.00 TITLE DELETE 6.1 TITLE Change Addition

I 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 eath; that I am an officer or diffector 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 of an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.2 NAME

SIGNATURE:

NAME STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22-97 502-237-5444 Date Dayline Phone #

**FILED** 

3/1/2