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 # **824712** **(4)**

1. Corporation Name

ROSE'S STORES, INC.

Principal Place of Business	Mailing Address
218 S GARNETT ST P.O. DRAWER 947 HENDERSON, N. C. 27536	218 S. GARNETT ST P.O. BOX 947. N/A HENDERSON NC 27536 US

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

3. Date Incorporated or Qualified: **06/24/1973**

3a. Date of Last Report: **04/18/1995**

4. FEI Number: **56-0382475** ☐ Applied For ☐ Not Applicable

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

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLACKBURN, GEORGE T II		1.2 NAME		
STREET ADDRESS	719 LAKEVIEW DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	HENDERSON, N C		1.4 CITY-ST-ZIP		
TITLE	CPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, ROBERT E		2.2 NAME		
STREET ADDRESS	2012 INVERNESS COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	AYOUB, SAM		3.2 NAME	Walter F. Loeb	
STREET ADDRESS	5425 GLENRIDGE DR, NE		3.3 STREET ADDRESS	1440 Broadway, Suite 1070	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	New York, NY 10018	
TITLE	SVPC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PETERS, JEANETTE		4.2 NAME		
STREET ADDRESS	122 HUNTERS RIDGE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HENDERSON NC		4.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	5.1 TITLE	SVP	☐ Change ☒ Addition
NAME	TRIPLETT, WILLIAM E III		5.2 NAME	Howard Parge	
STREET ADDRESS	957 JONES WYND		5.3 STREET ADDRESS	2930 Dogwood Dr.	
CITY-ST-ZIP	WAKE FOREST NC		5.4 CITY-ST-ZIP	Henderson, NC 27536	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	CHURCH, MARION JOHNSON		6.2 NAME	Joe Nusim	
STREET ADDRESS	420 WOODLAND ROAD		6.3 STREET ADDRESS	1360 Hamburg Turnpike	
CITY-ST-ZIP	HENDERSON SC		6.4 CITY-ST-ZIP	Wayne, NJ 07470	

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)(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: Jeanette Peters Jeanette R. Peters 4/29/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)