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Mar 12 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 # 833777 (6)
1. Corporation Name
DODGE MERCHANDISING COMPANY

Principal Place of Business
INDUSTRIAL BLVD
PO BOX 4009
EASTMAN GA 31023

Mailing Address
INDUSTRIAL BLVD
PO BOX 4009
EASTMAN GA 31023-4009

3. Date Incorporated or Qualified 02/05/1975
3a. Date of Last Report 03/05/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 58-1121394 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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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	DVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, RUSS III	1.2 NAME	
STREET ADDRESS	200 OAK STREET	1.3 STREET ADDRESS	
CITY-STATE-ZIP	EASTMAN GA	1.4 CITY-STATE-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, LYNDIA S.	2.2 NAME	
STREET ADDRESS	HAWKINSVILLE ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	EASTMAN GA	2.4 CITY-STATE-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKETT, D B	3.2 NAME	
STREET ADDRESS	200 OAK STREET	3.3 STREET ADDRESS	
CITY-STATE-ZIP	EASTMAN GA	3.4 CITY-STATE-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIDDENS, TODD D	4.2 NAME	
STREET ADDRESS	PO BOX 4009 NA	4.3 STREET ADDRESS	
CITY-STATE-ZIP	EASTMAN GA	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, LYNDIA S.	5.2 NAME	
STREET ADDRESS	HAWKINSVILLE RD	5.3 STREET ADDRESS	
CITY-STATE-ZIP	EASTMAN GA	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 or on an attachment with an address.

SIGNATURE: *Todd D Giddens V.P.* 3-7-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TODD D GIDDENS V.P.
Date Daytime Phone # 0013443

CR2E034 (9/96)