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FILED

Apr 25 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 # 858253 (8)

1. Corporation Name  
DOLGENCORP, INC.

Principal Place of Business

427 BEECH STREET  
SCOTTSDALE KY 42164

Mailing Address

427 BEECH STREET  
SCOTTSDALE KY 42164-1670



3. Date Incorporated or Qualified

10/26/1983

3a. Date of Last Report

04/10/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

61-0852764

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC ☐ DELETE

NAME TURNER, CAL, JR.  
STREET ADDRESS 104 WOODMONT BLVD 500  
CITY-ST-ZIP NASHVILLE TN

TITLE VSD ☐ DELETE

NAME CARPENTER, BOB  
STREET ADDRESS 104 WOODMONT BLVD 500  
CITY-ST-ZIP NASHVILLE TN

TITLE T ☒ DELETE

NAME STOLTZ, TOM  
STREET ADDRESS 104 WOODMONT BLVD 500  
CITY-ST-ZIP NASHVILLE TN

TITLE V ☐ DELETE

NAME STELMARCH, LEIGH  
STREET ADDRESS 104 WOODMONT BLVD 500  
CITY-ST-ZIP NASHVILLE TN

TITLE V ☐ DELETE

NAME ENNIS, MICHAEL  
STREET ADDRESS 104 WOODMONT BLVD 500  
CITY-ST-ZIP NASHVILLE TN

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CFO ☐ Change ☒ Addition

1.2 NAME PHIL RICHARDS  
1.3 STREET ADDRESS 104 WOODMONT BLVD 500  
1.4 CITY-ST-ZIP NASHVILLE TN.

2.1 TITLE ASST. TREAS. ☐ Change ☒ Addition

2.2 NAME SARAH POST  
2.3 STREET ADDRESS 427 BEECH ST.  
2.4 CITY-ST-ZIP SCOTTSDALE, KY 42164

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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

*[Signature]*

*[Signature]*

CR2E034 (9/96)