

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000000310

1. Entity Name
FRED'S STORES OF TENNESSEE, INC.



Principal Place of Business
**4300 NEW GETWELL ROAD
MEMPHIS, TN 38118**

Mailing Address
**4300 NEW GETWELL ROAD
MEMPHIS, TN 38118**



08042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEE Number
71-0439888

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HAYES, MICHAEL J**
STREET ADDRESS **4300 NEW GETWELL ROAD**
CITY-ST-ZIP **MEMPHIS, TN 38118**

TITLE **STD**
NAME **VAIL, CHARLES S**
STREET ADDRESS **4300 NEW GETWELL ROAD**
CITY-ST-ZIP **MEMPHIS, TN 38118**

TITLE **P**
NAME **REIER, JOHN D**
STREET ADDRESS **4300 NEW GETWELL RD**
CITY-ST-ZIP **MEMPHIS, TN 38118**

TITLE **V**
NAME **CASEY, JOHN A**
STREET ADDRESS **4300 NEW GETWELL RD**
CITY-ST-ZIP **MEMPHIS, TN 38118**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

08/16/04-80001-010 \$30.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles S. Vail **Charles S. Vail**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #