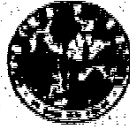


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 10:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F94000003579 (9)

1. Corporation Name

DOLLAR TOWN PLUS, INC.

Principal Place of Business

**7501 142ND AVE NO. LOT 512
LARGO FL 34644**

Mailing Address

**7501 142ND AVE NO. LOT 512
LARGO FL 34644**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/08/1994

3a. Date of Last Report

4. FEI Number

88-0318874

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

7. This corporation has liability for intangible tax under S. 183.002,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 6341 Tacoma Dr.

2a. Mailing Address

26 6341 Tacoma Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Port Richey, FL

City & State

28 Port Richey, FL

Zip Country

24 34668-4554 25 USA

Zip Country

29 34668-4554 30 USA

9. Name and Address of Current Registered Agent

**FORD, JOHN
7501 N. 142ND AVE. NO
LARGO FL 34644**

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 607.1503, 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

John A Ford

JOHN A FORD

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-95

12. OFFICERS AND DIRECTORS

TITLE **CO**
NAME **FORD, JOHN**
STREET ADDRESS **7501 142ND AVE NO. LOT 512**
CITY-ST-ZIP **LARGO FL**

TITLE **D**
NAME **FORD, DIANE**
STREET ADDRESS **7501 142ND AVE NO. LOT 512**
CITY-ST-ZIP **LARGO FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

John A Ford

JOHN A FORD

4/18/95

813-842-9503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Title)

(Telephone Number)