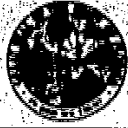


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # G09440 (0)
1. Corporation Name
FAMILY DOLLAR STORES OF FLORIDA, INC. 614

Principal Place of Business: P.O. BOX 1017 CHARLOTTE NC 28201-1017
Mailing Address: P.O. BOX 1017 CHARLOTTE NC 28201-1017

3. Date Incorporated or Qualified: **11/23/1982**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		62-1147034		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 reconstituting) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, GEORGE R JR	1.2 NAME	
STREET ADDRESS	10401 OLD MONROE RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MATTHEWS NC	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, PETER J	2.2 NAME	
STREET ADDRESS	10401 OLD MONROE RD	2.3 STREET ADDRESS	Reier, John D. 10401 Old Monroe Rd Matthews NC
CITY - ST - ZIP	MATTHEWS NC	2.4 CITY - ST - ZIP	
TITLE	DTC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, LEON	3.2 NAME	
STREET ADDRESS	10401 OLD MONROE RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MATTHEWS NC	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMS, STEPHEN	4.2 NAME	
STREET ADDRESS	10401 OLD MONROE RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MATTHEWS NC	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURRIS, JANICE	5.2 NAME	
STREET ADDRESS	10401 OLD MONROE RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	MATTHEWS NC	5.4 CITY - ST - ZIP	
TITLE	SVF	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOWERS, C MARTIN	6.2 NAME	
STREET ADDRESS	10401 OLD MONROE RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	MATTHEWS NC	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: C. M. Sowers APR 20 1995 FOL: 647-6961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Filing Fees)

SECRETARY / FINANCE

969440

FAMILY DOLLAR STORES CORPORATE STORE SUBSIDIARIES
OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
Leon Levine 242-48-5030	Chairman/Treasurer/ Director	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
John D. Reier 143-32-8845	President/Chief Operating Officer	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
George R. Mahoney, Jr. 084-34-7804	Exec. Vice President/ Secretary	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
C. Martin Sowers 244-11-5178	Sr. Vice President/ Finance	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
Stephen G. Sims 236-58-6589	Sr. Vice President- Real Estate	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
Gilbert A. LaFare 382-44-5667	Vice President- Real Estate	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
Robyn W. Conner 248-27-6820	Vice President- Controller	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
Janice B. Burris 246-76-1553	Asst. Secretary	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017

DIRECTORS

Leon Levine 242-48-5030	Chairman/Treasurer/ Director	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
----------------------------	---------------------------------	--