

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # G09440 (0)

1. Corporation Name
FAMILY DOLLAR STORES OF FLORIDA, INC.



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: **05/01/1995**
4. FEI Number: **62-1147034**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **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: _____ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SV MAHONEY, GEORGE R JR 10401 OLD MONROE RD MATTHEWS NC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P REIER, JOHN D. 10401 OLD MONROE RD MATTHEWS NC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DTC LEVINE, LEON 10401 OLD MONROE RD MATTHEWS NC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V SIMMS, STEPHEN 10401 OLD MONROE RD MATTHEWS NC	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Gilbert A. Lafare
STREET ADDRESS		4.3 STREET ADDRESS	10401 Old Monroe Rd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	matthews NC 29201
TITLE	S BURRIS, JANICE 10401 OLD MONROE RD MATTHEWS NC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SVF SOWERS, C MARTIN 10401 OLD MONROE RD MATTHEWS NC	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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. Martin Sowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SR VICE-PRESIDENT / FINANCE

APR 09 1996
Date
704-847-6961
Customer Phone #

CR2E034 (12/95)

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pg 2 of 2

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 143-32-0845	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
Gilbert A. LaFare 382-44-5667	Vice President- Real Estate	10401 Old Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
Kenneth T. Smith 213-80-6027	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
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THE TELEPHONE NUMBER FOR ALL OFFICERS & DIRECTORS IS 704-847-6961