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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90057 044 ***150.00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # G09440

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



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/23/1982

4. FEI Number Applied For
62-1147034 Not Applicable

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

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

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

12. OFFICERS AND DIRECTORS

TITLE	SV	<input type="checkbox"/> DELETE
NAME	MAHONEY, GEORGE R JR	
STREET ADDRESS	10401 OLD MONROE RD	
CITY-ST-ZIP	MATTHEWS NC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LEVINE, HOWARD R	
STREET ADDRESS	10401 MONROE RD	
CITY-ST-ZIP	MATTHEWS NC 28201	
TITLE	DTC	<input type="checkbox"/> DELETE
NAME	LEVINE, LEON	
STREET ADDRESS	10401 OLD MONROE RD	
CITY-ST-ZIP	MATTHEWS NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAFARE, GILBERT A.	
STREET ADDRESS	10401 OLD MONROE RD.	
CITY-ST-ZIP	MATTHEWS NC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BURRIS, JANICE	
STREET ADDRESS	10401 OLD MONROE RD	
CITY-ST-ZIP	MATTHEWS NC	
TITLE	SVF	<input type="checkbox"/> DELETE
NAME	SOWERS, C MARTIN	
STREET ADDRESS	10401 OLD MONROE RD	
CITY-ST-ZIP	MATTHEWS NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Divisional Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Taxation	
1.3 STREET ADDRESS	Sandra B. Hollenbach	
1.4 CITY-ST-ZIP	10401 Monroe Rd Charlotte NC 28201	
2.1 TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John G. Clifford	
2.3 STREET ADDRESS	10401 Monroe Rd	
2.4 CITY-ST-ZIP	Charlotte NC 28201	
3.1 TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas E. Schoenheit	
3.3 STREET ADDRESS	10401 Monroe Rd	
3.4 CITY-ST-ZIP	Charlotte NC 28201	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Date: 1-7-99 Daytime Phone #: 704-847-6961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Divisional Vice-President Taxation

CR2E034 (1/1/98)

247717-90057-44
609440

FAMILY DOLLAR STORES CORPORATE STORE SUBSIDIARIES
OFFICERS & DIRECTORS

<u>NAME</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>
Leon Levine 242-48-5030	Chairman/Treasurer/ Director	10401 Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
Howard R. Levine 239-74-6872	President/Chief Operating Officer	10401 Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
George R. Mahoney, Jr. 084-34-7804	Sr. Vice President/ Secretary	10401 Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
C. Martin Sowers 244-11-5178	Sr. Vice President/ Finance	10401 Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
Gilbert A. LaFare 382-44-5667	Vice President- Real Estate	10401 Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
Sandra B. Hollenbach 251-78-5436	Divisional Vice President/Taxation	10401 Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
Janice B. Burris 246-76-1553	Asst. Secretary	10401 Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
John G. Clifford 317-48-9464	Asst. Secretary	10401 Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017
Thomas E. Schoenheit 128-42-0693	Asst. Secretary	10401 Monroe Rd P.O. Box 1017 Charlotte, NC 28201-1017

247717-40057-44
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FAMILY DOLLAR STORES CORPORATE STORE SUBSIDIARIES
OFFICERS & DIRECTORS

DIRECTORS

Leon Levine
242-48-5030

Chairman/Treasurer/
Director

10401 Monroe Rd
P.O. Box 1017
Charlotte, NC 28201-1017

THE TELEPHONE NUMBER FOR ALL OFFICERS & DIRECTORS IS 704-847-6961