## FILE NOW: FILING FEE AFTER MAY 1 IS \$550 DO

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT F STATE

Sandra B. Morth m

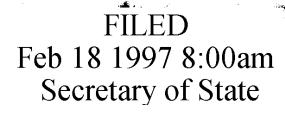
Secretary of Stat

DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000064855 (6)

DOLLAR ZONE, INC.





Principal Place of Business  WALDEN LAKE SOUARE PLANT CITY FL 33588		Mailing Address  WALDEN LAKE SQUARE PLANT CITY FL 33566		Lingbiger (ng 1818) grint gàirt fèill ghilt ghilt ghist bhist ghài làigt guist fris (68)		
				3. Date Incorporated or Qualified 08/21/1995	3a. Date of Last Report 07/09/1996	
2. Principal Pl	lace of Business S. S. FLA. AVE.	2a. Mailing Address FLA	.Ave.	4. FEI Number 59-3333142	Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5. Certificate of Status Desired	□ \$8.75 Additional	
22 JUIT	E 440	27 <u>uitz</u> 44	<u> </u>		Fee Required	
City & State	LAND FT-	City & State  28	Fl.	<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	\$5.00 May Be Added to Fees	
Zip 121	22979 Country	Zip	Country	8. This corporation has liability for it		
24 161	9, Name and Address of Curren	29 53803 30	L	Florida Statutes  10. Name and Address of New Red	Yes No	
MAN		i negistered Agent	81 Name	TO. Name and Address of New New	Nergied Water	
DODD, MYRON W JR WALDEN LAKE SQUARE			On Charat A	20 Charled data (D.O. David and Alandara Alah Asaratah)		
	IT CITY FL 33566		82 Street Ad	ddress (P.O. Box Number is Not Acceptab	le)	
'	• • • • • • • • • • • • • • • •		83			
			84 City		85 Zip Code	
	(0.10.000000	0 - 1 007 1500 Flor do 0to 1 400		orporation submits this statement for the p	<u> </u>	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the obligation of Signature, typed or polited name of registered age	of Florida. Such change was auth tions of, Section 607.0505, Florid	norized by the corporal Statutes.	ration's board of directors. I hereby accep	the appointment as registered	
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PSTO	☐ DELETE	1.1 TILE		Change Addition	
NAME	DODD, MYRON W JR		1.2 NME			
S"REET ADDRESS	2944 ELM STREET, NW WINTER HAVEN FL 33881		1.3 SREET ADDRESS			
CITY-ST-ZIP TITLE	1 4	DELETE	1.4 C Y-ST-ZIP 2.1 T LE	···	Change Addition	
NAME	V. President		2.2 N ME			
STREET ADDRESS	HEATHER DODD		2.3 S REET ADDRESS			
City-St-ZIP	W. DTER HAVEN	7 33981	2. 4 1 Y-ST-ZiP			
TITLE		☐ DELETE	3.1 T E		Change Addition	
NAME			3.2 f hE	.₹♦,	- <b></b>	
STREET ADDRESS			3.3 SEET ADDRESS			
C TY-ST-ZIP TITLE		☐ DELETE	3.4. 0 Y - ST - ZIP 4.1 T LE		Change Addition	
NAME			4.2 NME			
STREET ADDRESS			4.3 STREET ADDRESS			
CiTY-ST-ZIP			4.4 CHY-ST-ZIP			
TITLE		DELETE	5.1 TULE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	5.4 CI'Y - ST - ZIP	-	Change Addition	
TITLE		☐ DELETE	6.1 TILE 6.2 NAME		CHANGE CHAROUNDO	
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CIY-ST-ZIP			

14. I do 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 of rustee 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:

Mine New yell

2/10/97

941.619.8835

ZE034 (9/96)