

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000064855

1. Corporation Name
DOLLAR ZONE, INC.

Principal Place of Business
3615 S. FLA AVE.
STE 440
LAKELAND FL 33803
US

Mailing Address
3615 S. FLA. AVE.
STE 440
LAKELAND FL 33803
US

2. Principal Place of Business
21 335 E. VAN FLEET DR.
Suite, Apt. #, etc.

2a. Mailing Address
26 335 E. VAN FLEET DR.
Suite, Apt. #, etc.

22
23 City & State
BARTOW FL
Zip 33830
Country USA

27
28 City & State
BARTOW FL
Zip 33830
Country USA

24
25 DODD, MYRON W JR
WALDEN LAKE SQUARE
PLANT CITY FL 33566

29
30 DODD, MYRON W JR
WALDEN LAKE SQUARE
PLANT CITY FL 33566

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/21/1995

4. FEI Number
59-3333142

Applied For
Not Applicable

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

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

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable)
335 E. VAN FLEET DR.
83
84 City FL Zip Code 33830

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

Myron W. Dodd

President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODD, MYRON W JR		1.2 NAME	
STREET ADDRESS	2944 ELM STREET, NW		1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881		1.4 CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATHER DODD		2.2 NAME	
STREET ADDRESS	2944 ELM ST. NW		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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:

Myron W. Dodd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

941-519-09847

Daytime Phone #

0429423

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90020 017 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)