

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

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

04-12-1999 90020 017 ***150.00

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

DO NOT WRITE IN THIS SPACE

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
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 335 E. VAN FLEET DR.

2a. Mailing Address

26 335 E. VAN FLEET DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 BARTOW FL.

City & State

28 BARTOW FL.

Zip

24 33830 25 USA

Zip

29 33830 30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

335 E. VAN FLEET DR.

83

84 City

BARTOW

FL

85 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
Signature, typed or printed name of registered agent and title if applicable.

President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/99

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME DODD, MYRON W JR
STREET ADDRESS 2944 ELM STREET, NW
CITY-ST-ZIP WINTER HAVEN FL 33881

☐ DELETE

TITLE VP
NAME HEATHER DODD
STREET ADDRESS 2944 ELM ST. NW
CITY-ST-ZIP WINTER HAVEN FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Myron W Dodd

REQUIREMENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Date

941-519-09847

Daytime Phone #

CR2E034 (11/98)

0429423