

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

DOCUMENT # P95000065389 (5)

1. Corporation Name

DOLLAR STATION CORP.



Principal Place of Business

7598 PUTTERS COVE DR.
JACKSONVILLE FL 32256

Mailing Address

7598 PUTTERS COVE DR.
JACKSONVILLE FL 32256

2. Principal Place of Business

21 9119

Suite, Apt. #, etc.

22 Suite 27

City & State

23 Jacksonville, FL

Zip

24 32225

Country

25 Duval

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Duval

Country

30

3. Date Incorporated or Qualified

08/23/1995

3a. Date of Last Report

4. FEI Number

59-3335754

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200 - A JOHN KNOX RD.
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81 Name

Alfred G. James, Jr

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

7598 Putters Cove Drive

83

84 City

Jacksonville

FL

85 Zip Code

32256

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 date of appointment

(NOTE: Registered Agent signature required when reinstating)

Alfred G. James, Jr

4/22/96

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

JAMES, ALFRED G JR.

STREET ADDRESS

7598 PUTTERS COVE DR.

CITY-ST-ZIP

JACKSONVILLE FL 32256

TITLE

D

☐ DELETE

NAME

FIUMARA, SHERI A

STREET ADDRESS

7598 PUTTERS COVE DR.

CITY-ST-ZIP

JACKSONVILLE FL 32256

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/T/D

☒ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

V/S/D

☒ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 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

200001838312

-05/24/96--01034--009

***200.00

☐ 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfred G. James, Jr

4/22/96

746-9861

CR2E034 (12/95)