

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 27, 1999 8:00 am
Secretary of State

04-27-1999 90046 042 ***150.00

DOCUMENT # P95000065389

1. Corporation Name
DOLLAR STATION CORP.

Principal Place of Business

9119-27 MERRILL RD
JACKSONVILLE FL 32225
US

Mailing Address

9119-27 MERRILL RD
JACKSONVILLE FL 32225
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

JAMES, ALFRED G., JR.
7598 PUTTERS COVE DR
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name FIUMARA, SHERI A
82 Street Address (P.O. Box Number is Not Acceptable)
4017 LAURELWOOD DRIVE
83 Jacksonville, FL
84 City FL 85 Zip Code 32257

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

Sheri A. Fiumara

SHERI A. FIUMARA

4-24-99

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

(NOT a Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PTD	JAMES, ALFRED G. JR.	7598 PUTTERS COVE DR.	JACKSONVILLE FL 32256	<input type="checkbox"/>
VSD	FIUMARA, SHERI A	7598 PUTTERS COVE DR.	JACKSONVILLE FL 32256	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PTD	FIUMARA SHERI A	4017 Laurelwood Drive	JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/>
VSD	James, Alfred G. Jr.	4017 Laurelwood Drive	Jacksonville, FL 32257	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 a different like empowered.

SIGNATURE:

Sheri A. Fiumara

SHERI A. FIUMARA

4-24-99 (904)745-9861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0039648