

849374


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Annual Report

Filed on 6-29-84

2 pgs.

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

<p><b>CORPORATION</b> <b>ANNUAL REPORT</b> <b>1984</b></p>		<p>FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS</p>	<p>DO NOT WRITE IN THIS SPACE</p> <p style="font-size: 2em; font-weight: bold;">FILED</p> <p style="font-size: 1.5em;">JUN 29 2 00 PM '84</p>
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Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

<p>1. Name and Address of Corporation Principal Office:</p> <p>849374 WAL-MART STORES, INC. 702 S W 8TH STREET BENTONVILLE, ARKANSAS</p> <p style="text-align: center;"><del>72732</del></p>	<p>2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient</p> <p>Street Address</p> <p>P.O. Box No. P.O. Box 116</p> <p>City</p> <p>State</p> <p>Zip Code 72716</p>
<p>3. Date Incorporated or Qualified To Do Business in Florida: 06/08/1981</p> <p>4. Federal Employer Identification Number (FEIN): 71-0415188</p> <p>5. Date of Last Report: 07/21/1983</p>	

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983			
Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
WALTON, SAM M	D	702 S W 8TH STREET	BENTONVILLE, ARK <input type="checkbox"/>
<del>FOLKERS, KENNETH</del>	<del>V/P/T</del>	<del>702 S W 8TH STREET</del>	<del>BENTONVILLE, ARK <input type="checkbox"/></del>
WALTON, JAMES L	D/V	702 S W 8TH STREET	BENTONVILLE, ARK <input type="checkbox"/>
SHEWMAKER, JACK	P/D	702 S W 8TH STREET	BENTONVILLE, ARK <input type="checkbox"/>
GLASS, DAVID D.	V/D	702 S W 8TH STREET	BENTONVILLE, ARK <input type="checkbox"/>
WALTON, S ROBSON	V/S/D	702 S W 8TH STREET	BENTONVILLE, ARK <input type="checkbox"/>
RATELIFF, CHARLES	T	702 S W 8TH STREET	BENTONVILLE, ARK <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
<p>C T CORPORATION SYSTEM 8751 W. BROWARD BLVD.  PLANTATION, FL.</p>		<p>Name</p> <p>Street Address (Do NOT Use P.O. Box Number)</p> <p>City, State and Zip Code</p> <p>006 0548 7/13/84</p>	
		<p>33324</p> <p>10.00</p> <p>10.00</p>	

9. Pursuant to the provisions of Section 607.034 and 607.037, Florida Statutes, the undersigned corporation, qualified under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ (Registering Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

<p>10. IMPORTANT — THIS SECTION MUST BE COMPLETED</p> <p>Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report?</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>11. IMPORTANT — THIS SECTION MUST BE COMPLETED IF ITEM 10 IS YES</p> <p>Has said amendment been filed with this office?</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
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12. See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath

Signature <i>Charles Rateliff</i>	Date 6-29-84
Typed Name of Signing Officer Charles Rateliff	Title TREASURER
	Telephone Number (501) 273-4663

13. Should you desire a certificate of status check the box below and include an additional \$5.00 with your payment

CERTIFICATE OF STATUS DESIRED

\$5 Additional fee required for certificates.

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