

849374

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Annual Report  
Filed on 8-28-91

2 pgs.

**FILE NOW! AMOUNT DUE \$61.25 OR CORPORATION WILL BE DISSOLVED ON OR AFTER OCTOBER 9, 1991.**

**APPROVED AND**

1991 AUG 28 11:32

**CORPORATION**  
**ANNUAL REPORT**  
**1991**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**Read Instructions on Other Side Before Making Entries**  
**FILING FEE OF \$61.25 REQUIRED**

1. Name and Mailing Address of Corporation **DOCUMENT # 849374 (4)**  
**ZIP + 4 PRESORT**

**WAL-MART STORES, INC.**  
**TAX DEPARTMENT**  
**P.O. BOX 116**  
**BENTONVILLE, AR 72716-7619**

DO NOT WRITE IN THIS SPACE

2. If Address in Block 1 is incorrect in any way, line through it and enter correct information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21. Street Address  
**P.O. Box 116**

22. P.O. Box No.  
**Tax Department**

23. City and State  
**Bentonville, AR 72716**

24. Zip Code

▶ Above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

3. Date Incorporated or Qualified To Do Business in Florida **06/08/1981** 4. FEI Number **71-0415188**

FEI Number Applied For \_\_\_\_\_ FEI Number Not Applicable \_\_\_\_\_

5. **\$8.75 Additional Fee required for a Certificate of Status** CERTIFICATE OF STATUS DESIRED?

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1	D WALTON, SAM M	702 S W 8TH STREET	BENTONVILLE, ARK 0
1x			
2	T/V RATELIFF, CHARLES	702 S W 8TH STREET	BENTONVILLE, ARK 0
2x			
3	D WALTON, JAMES L	702 S W 8TH STREET	BENTONVILLE, ARK 0
3x			
4	D SHEPMAKER, JACK	702 S W 8TH STREET	BENTONVILLE, ARK 0
4x			
5	P/D GLASS, DAVID D.	702 S W 8TH STREET	BENTONVILLE, ARK 0
5x			
6	S RHOADS, ROBERT K.	702 S W 8TH STREET	BENTONVILLE, ARK 0
6x	V.P.C. James A. Walker	SAME	SAME JLCO/BS

**REGISTERED AGENT INFORMATION**

7. Name and Address of Current Registered Agent

81. Name \_\_\_\_\_

82. Street Address 1 (Do NOT Use P.O. Box Numbers) \_\_\_\_\_

83. Street Address 2 (Do NOT Use P.O. Box Numbers) \_\_\_\_\_

84. City \_\_\_\_\_

**FL.**

9. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508 Florida Statutes, the undersigned, upon request of the corporation, has accepted the appointment as registered agent of the corporation 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 \_\_\_\_\_ (Registered Agent Accepting Appointment) DATE \_\_\_\_\_

10. I certify that the information indicated on this annual report or supplemental annual report is true and correct, and 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 of the Florida Statutes, and that my name appears in Block 6 or on an attachment with an address.

SIGNATURE *James A. Walker* DATE *8-4-91*

Typed Name of Signing Officer or Director **James A. Walker** Title **V.P. & Controller** Telephone Number (Area) **(301) 273-8177**

**FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status**