

849374

900002474859--9

Annual Report
Filed on 5-1-93

2 pgs.

File Now. Filing Fee after May 1 is \$225.00

**CORPORATION
ANNUAL REPORT
1993**



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

FILED

203 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REG. NO. 000000
**WAL-MART STORES, INC.
P.O. BOX 116
TAX DEPARTMENT
BENTONVILLE AR 72712-0116**

(DO NOT WRITE IN THIS SPACE)

| | | | |
|---|--|--|--|
| 3. Date Incorporated or Qualified 06/08/1981 | | 3a. Date of Last Report 06/18/1992 | |
| 4. FEI Number 710415188 | | AP. 10/1/91 Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$138.75 Supplemental Fee Not Required | | | |
| 8. This corporation has liability for a tax under S. 194(3)(C) Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|-----------------------|-----------------------|---------------------------------|-----------------|
| 2. Mailing Address | | 2a. Principle Place of Business | |
| 21 Suits, Apt #, etc. | 26 Suits, Apt #, etc. | 27 City & State | 28 City & State |
| 22 City & State | 23 Zip | 29 Country | 30 Country |
| 24 72716 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is not acceptable)
83
84 City **FL** 85 Zip Code 86 Country

11. Pursuant to the provisions of Sections 607.0502 or 1607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named 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 in its 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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. OFFICERS AND DIRECTORS OF GROUPS | |
|----------------------------|--|--------------------------------------|--|
| 1.1 TITLE | A/S MELTON, SCOTT 11 STONE BRIDGE WAY BENTONVILLE AR | 1.1 TITLE | |
| 1.2 NAME | | 1.2 NAME | |
| 1.3 ADDRESS | | 1.3 ADDRESS | |
| 1.4 CITY, ST, ZIP | | 1.4 CITY, ST, ZIP | |
| 2.1 TITLE | D BANKS, DAVID R. 873 S FAIR OAKS AVE PASADENA CA | 2.1 TITLE | |
| 2.2 NAME | | 2.2 NAME | |
| 2.3 ADDRESS | | 2.3 ADDRESS | |
| 2.4 CITY, ST, ZIP | | 2.4 CITY, ST, ZIP | |
| 3.1 TITLE | D WALTON, JAMES L 702 S W 8TH STREET BENTONVILLE, ARK O | 3.1 TITLE | |
| 3.2 NAME | | 3.2 NAME | |
| 3.3 ADDRESS | | 3.3 ADDRESS | |
| 3.4 CITY, ST, ZIP | | 3.4 CITY, ST, ZIP | |
| 4.1 TITLE | D SHEWMAKER, JACK 702 S W 8TH STREET BENTONVILLE, ARK O | 4.1 TITLE | |
| 4.2 NAME | | 4.2 NAME | |
| 4.3 ADDRESS | | 4.3 ADDRESS | |
| 4.4 CITY, ST, ZIP | | 4.4 CITY, ST, ZIP | |
| 5.1 TITLE | P/D GLASS, DAVID D. 702 S W 8TH STREET BENTONVILLE, ARK O | 5.1 TITLE | |
| 5.2 NAME | | 5.2 NAME | |
| 5.3 ADDRESS | | 5.3 ADDRESS | |
| 5.4 CITY, ST, ZIP | | 5.4 CITY, ST, ZIP | |
| 6.1 TITLE | S RHODAS, ROBERT K. 702 S W 8TH STREET BENTONVILLE, ARK O | 6.1 TITLE | |
| 6.2 NAME | | 6.2 NAME | |
| 6.3 ADDRESS | | 6.3 ADDRESS | |
| 6.4 CITY, ST, ZIP | | 6.4 CITY, ST, ZIP | |

14. I certify that the information indicated or set forth in this report is true and correct to the best of my knowledge and belief, and that I am an officer, director, or shareholder of the corporation or the receiver or trustee authorized to execute this report as required by Section 607.0505, Florida Statutes, and that my signature is in ink.

SIGNATURE **J. SCOTT MELTON** DATE **4/22/93**

Print your Name of Signer **J. SCOTT MELTON** Title **ASST. SECRETARY** Telephone Number **(501) 273-4789**