

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY 31 AM 9:42

DOCUMENT # **F93000004394 (3)**

1. Corporation Name

**NORTH ARKANSAS WHOLESALE CO., INC.**

Principal Place of Business

Mailing Address

DEPT 8013  
BENTONVILLE AR 72716-8013  
US

DEPT 8013  
BENTONVILLE AR 72716-8013  
US

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

09/29/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

71-0411268

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V
NAME	WALKER, JAMES A JR
STREET ADDRESS	702 S.W. 8TH ST.
CITY-ST-ZIP	BENTONVILLE AR 72710
TITLE	V
NAME	CARTER, PAUL R
STREET ADDRESS	702 S.W. 8TH ST.
CITY-ST-ZIP	BENTONVILLE AR 72716
TITLE	V
NAME	FIELDS, WILLIAM R
STREET ADDRESS	702 S.W. 8TH ST.
CITY-ST-ZIP	BENTONVILLE AR 72716
TITLE	V
NAME	MARTIN, BOBBY L
STREET ADDRESS	702 S.W. 8TH ST.
CITY-ST-ZIP	BENTONVILLE AR 72716
TITLE	V
NAME	SANDERS, DEAN L
STREET ADDRESS	702 S.W. 8TH ST.
CITY-ST-ZIP	BENTONVILLE AR 72716
TITLE	V
NAME	SEAY, THOMAS P
STREET ADDRESS	702 S.W. 8TH ST.
CITY-ST-ZIP	BENTONVILLE AR 72716

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY-ST-ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY-ST-ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 on an attachment with an address.

SIGNATURE: James A Walker Jr James A. Walker Jr 5/15/95 501-277-1148  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR (Date) (Type in Block 8)