

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000004394 (3)**  
 1. Corporation Name  
**NORTH ARKANSAS WHOLESALE CO., INC.**



Principal Place of Business <b>DEPT 8013                  BENTONVILLE AR 72716-8013                  US</b>	Mailing Address <b>DEPT 8013                  BENTONVILLE AR 72716                  US</b>
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<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>09/29/1993</b>	<b>3a.</b> Date of Last Report <b>04/25/1996</b>
<b>4.</b> FEI Number <b>71-0411268</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM                  1200 S. PINE ISLAND RD.                  PLANTATION FL 33324</b>	<b>10. Name and Address of New Registered Agent</b>
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JAMES A JR	1.2 NAME	SEE ATTACHED LIST
STREET ADDRESS	702 S.W. 8TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BENTONVILLE AR 72716	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, PAUL R	2.2 NAME	
STREET ADDRESS	702 S.W. 8TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BENTONVILLE AR 72716	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, NICK	3.2 NAME	
STREET ADDRESS	702 SW 8TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BENTONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, BOBBY L	4.2 NAME	
STREET ADDRESS	702 S.W. 8TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BENTONVILLE AR 72716	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, H. LEE JR	5.2 NAME	
STREET ADDRESS	702 SW 8TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BENTONVILLE AR	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAY, THOMAS P	6.2 NAME	
STREET ADDRESS	702 S.W. 8TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BENTONVILLE AR 72716	6.4 CITY-ST-ZIP	

**14.** I do 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.

**SIGNATURE:** *James A. Walker, Jr.* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **JAMES A. WALKER, JR.** **4/22/97** **(601) 277-2765**  
 Date Daytime Phone #

CR2E034 (9/96)