

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

FILED
May 12 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F95000004190 (3)

1. Corporation Name
AUTOZONE STORES, INC.

Principal Place of Business
P.O. BOX 2198
DEPT 8088
MEMPHIS TN 38101-9842

Mailing Address
P.O. BOX 2198
DEPT 8088
MEMPHIS TN 38101-9842

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/30/1995

4. FEI Number
62-1611058

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 |

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 reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|---|
| TITLE | NAME | 1.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | ADAMS, JOHNSTON C | 1.2 NAME | |
| STREET ADDRESS | 123 S. FRONT ST. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MEMPHIS TN | 1.4 CITY-ST-ZIP | |
| TITLE | NAME | 2.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | VARGO, TIMOTHY D | 2.2 NAME | |
| STREET ADDRESS | 123 S. FRONT ST. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MEMPHIS TN | 2.4 CITY-ST-ZIP | |
| TITLE | NAME | 3.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | ELLIOT, TARA C | 3.2 NAME | |
| STREET ADDRESS | 123 S. FRONT ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MEMPHIS TN | 3.4 CITY-ST-ZIP | |
| TITLE | NAME | 4.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | VSGOLDSMITH, HARRY L | 4.2 NAME | |
| STREET ADDRESS | 123 S. FRONT ST. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MEMPHIS TN 38103 | 4.4 CITY-ST-ZIP | |
| TITLE | NAME | 5.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | HUNT, ROBERT J | 5.2 NAME | |
| STREET ADDRESS | 123 S. FRONT ST. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MEMPHIS TN 38103 | 5.4 CITY-ST-ZIP | |
| TITLE | NAME | 6.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | V | 6.2 NAME | |
| STREET ADDRESS | EVANS, LAWRENCE E | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | 123 S. FRONT ST. | 6.4 CITY-ST-ZIP | |
| | MEMPHIS TN 38103 | | |

14. I 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: *Michael Butterick* Michael Butterick 4/28/98 901-495-7067

CR2E034 (10/97)