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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

123 S. FRONT STREET

CLARKSON, ANDREW M

123 S. FRONT STREET

MEMPHIS TN

MEMPHIS TN

P37461

(1)

AUTOZONE, INC.

- I ARBINDA ARB HILL INDEN DESID BILAF KUR BIDAL DEDIK DEDIL DARIK BERLI DERIK DEBEK DIREK BIRAK ERDI

FILED

May 12 1998 8:00am

Secretary of State

Change

Addition

_										
Principal Place of Business Mailing Address							A I DOUGHA LINE ALLIN ARM AND			
123 S. FRONT ST. MEMPHIS TN 38103					PO BOX 2198 MEMPHIS TN 38101					
WEMPING IN SOLO					US				DO NOT WRITE IN THIS SPACE	
									3. Date Incorporated or Qualified 02/03/1992	
2. Principal Place of Business 26					2a. Mailing Address				4. FEI Number Applied For	
21	21				26				62-1482048 Not Applicable	
22	Sulte, Apt. (#, etc.		Suite 27	Suite, Apt #, etc				5. Certificate of Status Desired See Regulated Fee Regulated	
City & State					City & State				Election Campaign Financing \$5.00 May Be	
23	23			28					Trust Fund Contribution Added to Fees	
	Zip	Country Zip C				Cou	Country 8. This corporation owes or has paid the current year Intangible			
24			25	29		30			Personal Property Tax due June 30. Yes No	
9, Name and Address of Current Registered Agent							~		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM							81	Name	e	
1200 SOUTH PINE ISLAND ROAD							62	Street	et Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324										
							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 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
s	GNATURE .	Signature travel	For printed manic of registered	ment and the disease	(NCV	I Ponisture	1 Acr		ure required when reinstating) DATE	
12		congregation to , typical		AND DIRECTOR		13.	a right	ri, signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	rle	0			DELETE	1.1 TI	TLE		Change Addition	
N	ME		RONALD			1.2 N/	ME	i		
ST	REET ADDRESS		oplar ave.			1.3 \$1	HEET	ADDRESS	s	
CI	HTY-ST-ZIP MEMPHIS TN				1.4 CI			ST-ZIP		
711	TITLE				DELETE 2.1				Change Addition	
N/	NAME ROBERTS, GEORGE R.				2.2 N/					
STREET ADDRESS 2800 SAND HILL RD, SUITE 200			E 200	2.3 \$1			ADDRESS	ş		
Ci	TY-ST-ZIP		PARK CA			2.4 C	(TY-S	SY-ZIP		
TI	TLE	D			DELETÉ	3.1 (1)	ILE		Digector Change X Addition	
N/	ME		ANN, THOMAN S			3.2 NA	ME		Robert J. Hunt + Street	
ST	REET ADDRESS		FRONT ST.			3.3 ST	REET	ADDRESS	123 South Front STREET	
	Y-ST-ZIP	MEMPH	IS IN					S1 - ZIP	Memphis, IN 38103	
ŀ	LE	MICHE!	CON MICHAEL W		DELETE	4.1 TH		}	Change Addition	
1	ME [.son, Michael W. And Hill Rd., Sui	TE 200		4. 2 N				
1	REET ADORESS		AND HILL HD., SUIT PARK CA	E 200				ADDRESS	;	
_	TY-ST-ZIP	MENLO	FARN VA		DECETE	4.4 CI		I-ZIP		
TI		HYDE, J	I R III		L] DELETE	5.1 TII			Change Addition	
NA.	MF	11106, 4	Fr 1 619 968			5.2 NA	MIC		1	

14. Thereby 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 13 if changed, or on an attachment with an address.

5.3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - \$1 - ZIP

6.1 TITLE

6.2 NAME

DELETE