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Annual Report
Filed on 7-18-89

2 pgs.

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED

**CORPORATION
ANNUAL REPORT
1989**



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

DO NOT WRITE IN THIS SPACE

FILED

1989 JUL 18 PM 12:57

FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

Filing Fee of \$35 Required - Make Checks Payable To: **Secretary of State**

1. Name and Address of Corporation Principal Office:

ZIP + 4

849374 4
WAL-MART STORES, INC.
702 S W 8TH STREET
P.O. BOX 116
BENTONVILLE, ARKANSAS 72716

If above address is incorrect in any way enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

PO Box No. 22

City and State 23

Zip Code 24

72716-0619

3. Date Incorporated or Qualified To Do Business in Florida **06/08/1981**

4. Federal Employer Identification Number (FEIN) **71-0415188**

5. Date of Last Report **07/08/1988**

6. Names and Street Addresses of Each Officer and Director as of December 31, 1988

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
D	WALTON, SAM M	702 S W 8TH STREET	BENTONVILLE, ARK	0
T/V	RATELIFF, CHARLES	702 S W 8TH STREET	BENTONVILLE, ARK	0
D	WALTON, JAMES L	702 S W 8TH STREET	BENTONVILLE, ARK	0
D	SHENMAKER, JACK	702 S W 8TH STREET	BENTONVILLE, ARK	0
P/D	GLASS, DAVID D.	702 S W 8TH STREET	BENTONVILLE, ARK	0
S	RHOADS, ROBERT K.	702 S W 8TH STREET	BENTONVILLE, ARK	0

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION, FL. 33324

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Zip Code 85

FL.

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Section 607.325 F.S.

SIGNATURE _____
(Registered Agent Accepting Appointment)

DATE _____

10. If a foreign corporation, date first transacted business in Florida **11/16/82**

11. See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath (Officer or Director signing must be listed in Block 6.)

Signature
Charles Rateliff

Date
June 21, 1989

Typed Name of Signing Officer or Director

Title

Telephone Number

Charles Rateliff

VP & Treasurer

501/273-4000

12. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

CR-6034 (1-88)