

849374

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Annual Report
Filed on 5-1-93

2 pgs.

File Now. Filing Fee after May 1 is \$225.00

**CORPORATION
ANNUAL REPORT
1993**



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

FILED

2033 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation **DOCUMENT # 849374 (4)**

REG-00000
**WAL-MART STORES, INC.
P.O. BOX 116
TAX DEPARTMENT
BENTONVILLE AR 72712-0116**

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

FILING FEE \$200.00	ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE	3. Date Incorporated or Chartered 06/08/1981	3a. Date of Last Report 06/18/1992
2. Mailing Address	2a. Principal Place of Business	4. FEI Number 710415188	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
21 Suits, Apt #, etc.	26 Suits, Apt #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$138.75 Supplemental Fee Not Required
22 City & State	27 City & State	8. This corporation has liability for a tax under S. 194(3)(2) Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23 Zip	28 Country		
24 72716	29		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is not acceptable)	
		83	
		84 City	85 State 86 County
			FL

11. Pursuant to the provisions of Sections 607.0502 or 1607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above named registered agent of the corporation 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 in its 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS (GROUP 1)	
1.1 TITLE	A/S	1.1 TITLE	
1.2 NAME	MELTON, SCOTT	1.2 NAME	
1.3 ADDRESS	11 STONE BRIDGE WAY	1.3 ADDRESS	
1.4 CITY, ST, ZIP	BENTONVILLE AR	1.4 CITY, ST, ZIP	
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	BANKS, DAVID R.	2.2 NAME	
2.3 ADDRESS	873 S FAIR OAKS AVE	2.3 ADDRESS	
2.4 CITY, ST, ZIP	PASADENA CA	2.4 CITY, ST, ZIP	
3.1 TITLE	D	3.1 TITLE	
3.2 NAME	WALTON, JAMES L	3.2 NAME	
3.3 ADDRESS	702 S W 8TH STREET	3.3 ADDRESS	
3.4 CITY, ST, ZIP	BENTONVILLE, ARK O	3.4 CITY, ST, ZIP	
4.1 TITLE	D	4.1 TITLE	
4.2 NAME	SHEWMAKER, JACK	4.2 NAME	
4.3 ADDRESS	702 S W 8TH STREET	4.3 ADDRESS	
4.4 CITY, ST, ZIP	BENTONVILLE, ARK O	4.4 CITY, ST, ZIP	
5.1 TITLE	P/D	5.1 TITLE	
5.2 NAME	GLASS, DAVID D.	5.2 NAME	
5.3 ADDRESS	702 S W 8TH STREET	5.3 ADDRESS	
5.4 CITY, ST, ZIP	BENTONVILLE, ARK O	5.4 CITY, ST, ZIP	
6.1 TITLE	S	6.1 TITLE	
6.2 NAME	RHOADS, ROBERT K.	6.2 NAME	
6.3 ADDRESS	702 S W 8TH STREET	6.3 ADDRESS	
6.4 CITY, ST, ZIP	BENTONVILLE, ARK O	6.4 CITY, ST, ZIP	

14. I certify that the information indicated or set forth in this report is true and correct. I further certify that I am an officer, director, or shareholder of the corporation or the receiver or trustee authorized to execute this report as required by Section 607.0505, Florida Statutes, and that my signature is required by Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE 4/22/93
 Print your Name of Signer **JR SCOTT MELTON** Title **ASST. SECRETARY**
 I, **SECRETARY** (501) 273-4789