

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY 16 AM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001493136
-05/18/95--01020--015
*****225.00 *****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **849374** (4)
1. Corporation Name
WAL-MART STORES, INC.

Principal Place of Business Mailing Address
DEPT 8013 TAX DEPARTMENT BENTONVILLE AR 72716-8013 US

3. Date Incorporated or Qualified **06/08/1981** 3a. Date of Last Report **05/01/1994**

4. FEI Number **71-0415188** 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 has liability for intangible tax under S. 199.032, Florida Statutes 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 Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. 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 607.0902 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when renouncing.

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	BERTSCHY TERRI L
STREET ADDRESS	1108 SE 10TH STREET
CITY - ST - ZIP	BENTONVILLE AR
TITLE	D
NAME	BANKS, DAVID R.
STREET ADDRESS	873 S FAIR OAKS AVE
CITY - ST - ZIP	PASADENA CA
TITLE	D
NAME	WALTON, JAMES L
STREET ADDRESS	702 S W 8TH STREET
CITY - ST - ZIP	BENTONVILLE, ARK 0
TITLE	D
NAME	SHEWMAKER, JACK
STREET ADDRESS	702 S W 8TH STREET
CITY - ST - ZIP	BENTONVILLE, ARK 0
TITLE	PD
NAME	GLASS, DAVID D.
STREET ADDRESS	702 S W 8TH STREET
CITY - ST - ZIP	BENTONVILLE, ARK 0
TITLE	S
NAME	RHOADS, ROBERT K.
STREET ADDRESS	702 S W 8TH STREET
CITY - ST - ZIP	BENTONVILLE, ARK 0

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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*****8.75 *****8.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 007, 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. 5/15/95 501-277-1148
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Date) (Signature) (Phone #)