

849374

300002474883--9

Annual Report
Filed on 8-21-86

2 pgs.

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

**CORPORATION
ANNUAL REPORT
1986**



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

F-1
1986-03-05

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:		2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient	
849374 WAL-MART STORES, INC. 702 S W 8TH STREET P.O. BOX 116 BENTONVILLE, ARKANSAS 72716		Street Address 21	
If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code		P.O. Box No. 22	
		City and State 23	
		Zip Code 24	

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	09/04/1985
---	------------	--	------------	------------------------	------------

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1985				
1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	5.
WALTON, SAM M	D	702 S W 8TH STREET	BENTONVILLE, ARK	01
RATELIFF, CHARLES	T	702 S W 8TH STREET	BENTONVILLE, ARK	0
WALTON, JAMES L	D	702 S W 8TH STREET	BENTONVILLE, ARK	0
SHELMAKER, JACK	V/D	702 S W 8TH STREET	BENTONVILLE, ARK	0
GLASS, DAVID D.	P/D	702 S W 8TH STREET	BENTONVILLE, ARK	0
WALTON, S ROBBSON Rhoads, Robert K.	V/S/D S	702 S W 8TH STREET	BENTONVILLE, ARK	0

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION, FL. 33324	Name 81 Street Address (Do NOT Use P.O. Box Number) 82 City and State 83 FL. Zip Code 84

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, qualified to transact business in the State of Florida, submits this statement for the purpose of changing its registered officer 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 _____ DATE _____
(Registered Agent Accepting Appointment)

\$3 Additional Fee required for Registered Agent changes.

10. IMPORTANT - THIS SECTION MUST BE COMPLETED
Has this corporation amended its articles to reflect an increase in the authorized number of shares since the last annual report?
YES NO

11. IMPORTANT - THIS SECTION MUST BE COMPLETED IF ITEM 10 IS YES
Has said amendment been filed with this office? Yes No
If the answer is no, this report cannot be processed until this amendment has been filed.

12. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer 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 signing must be listed in Block 6.)

Signature	Date
<i>David D. Glass</i>	6/30/86
Typed Name of Signing Officer	Telephone Number
David D. Glass	501-273-4138
Title	
President	

13. Should you desire a certificate of status check the box
CERTIFICATE OF STATUS DESIRED

\$6 Additional Fee required for a Certificate of Status.

CR2003 (1/84)