

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # F96000001621 (9)

1. Corporation Name

UNITED NATURAL FOODS, INC.



Principal Place of Business 260 LAKE RD DAYVILLE CT 06241	Mailing Address 260 LAKE RD DAYVILLE CT 06241-1537
---	--

3. Date Incorporated or Qualified 03/29/1996	3a. Date of Last Report
4. FEI Number 05-0376157	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BLANTON, JERRY
OLD TROY RD, BOX 12288, RT 13
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUTIER, NORMAN A	1.2 NAME	MCLOUTIER, NORMAN A
STREET ADDRESS	260 LAKE RD	1.3 STREET ADDRESS	260 LAKE RD
CITY - ST - ZIP	DAYVILLE CT 06241	1.4 CITY - ST - ZIP	DAYVILLE CT 06241
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNK, MICHAEL S	2.2 NAME	FUNK, MICHAEL S
STREET ADDRESS	260 LAKE RD	2.3 STREET ADDRESS	260 LAKE RD
CITY - ST - ZIP	DAYVILLE CT 06241	2.4 CITY - ST - ZIP	DAYVILLE CT 06241
TITLE	DVST <input type="checkbox"/> DELETE	3.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNSEND, STEVEN	3.2 NAME	TOWNSEND, STEVEN
STREET ADDRESS	260 LAKE RD	3.3 STREET ADDRESS	260 LAKE RD
CITY - ST - ZIP	DAYVILLE CT 06241	3.4 CITY - ST - ZIP	DAYVILLE CT 06241
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, RICHARD J	4.2 NAME	ATWOOD, DANIEL V.
STREET ADDRESS	260 LAKE RD	4.3 STREET ADDRESS	260 LAKE RD
CITY - ST - ZIP	DAYVILLE CT 06241	4.4 CITY - ST - ZIP	DAYVILLE CT 06241
TITLE	D <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> ADDITION	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDRICKS, ANDREA	5.2 NAME	SIMONE, THOMAS B
STREET ADDRESS	260 LAKE RD	5.3 STREET ADDRESS	260 LAKE RD
CITY - ST - ZIP	DAYVILLE, CT 06241	5.4 CITY - ST - ZIP	DAYVILLE CT 06241
TITLE	D <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> ADDITION	6.1 TITLE	
NAME	MICHEL, KEVIN T.	6.2 NAME	
STREET ADDRESS	260 LAKE RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	DAYVILLE, CT 06241	6.4 CITY - ST - ZIP	

14. I do hereby 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: STEVEN TOWNSEND 3/31/97 860-779-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)