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FILED  
May 07 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 # F96000006763 (4)

1. Corporation Name

WHOLE FOODS MARKET GROUP, INC.

Principal Place of Business

605 BROAD ST  
DURHAM NC 27705

Mailing Address

605 BROAD ST  
DURHAM NC 27705-4832



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 601 N. Lamar - Tax Dept.

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Austin, TX.

29 Zip Country

30 78703 USA

3. Date Incorporated or Qualified

12/24/1996

3a. Date of Last Report

4. FEI Number

52-1711175

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST  
NAME FLANAGAN, GLENDA  
STREET ADDRESS 5302 DRY WELLS RD  
CITY-ST-ZIP AUSTIN TX 78749

TITLE D  
NAME FLANAGAN, GLENDA  
STREET ADDRESS 5302 DRY WELLS RD  
CITY-ST-ZIP AUSTIN TX 78749

TITLE D  
NAME GOLDBERG, AVRAM J  
STREET ADDRESS 270 BEACON ST  
CITY-ST-ZIP BOSTON MA

TITLE D  
NAME MASON, LINDA A  
STREET ADDRESS 73 SOMERSET ST  
CITY-ST-ZIP BELMONT MA

TITLE AS  
NAME ELLERBE, LESLIE  
STREET ADDRESS 7701 MALVERN HILL CT  
CITY-ST-ZIP AUSTIN TX 78745

TITLE AS  
NAME FONTAINE, LINDA  
STREET ADDRESS 15200 RAINBOW TWO  
CITY-ST-ZIP AUSTIN TX 78734

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

Linda A. Fontaine

4/28/97 (512) 477-5566 x132

CR2E034 (9/96)