

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

601 N LAMAR TAX DEPT
SUITE 300
AUSTIN TX 78703
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1996

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
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

City & State

30

Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PVST | <input type="checkbox"/> DELETE |
| NAME | FLANAGAN, GLENDA | |
| STREET ADDRESS | 5302 DRY WELLS RD | |
| CITY-ST-ZIP | AUSTIN TX 78749 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FLANAGAN, GLENDA | |
| STREET ADDRESS | 5302 DRY WELLS RD | |
| CITY-ST-ZIP | AUSTIN TX 78749 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GOLDBERG, AVRAM J | |
| STREET ADDRESS | 270 BEACON ST | |
| CITY-ST-ZIP | BOSTON MA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MASON, LINDA A | |
| STREET ADDRESS | 73 SOMERSET ST | |
| CITY-ST-ZIP | BELMONT MA | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | ELLERBE, LESLIE | |
| STREET ADDRESS | 7701 MALVERN HILL CT | |
| CITY-ST-ZIP | AUSTIN TX 78745 | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 6924 Robert Dixon |
| 1.4 CITY-ST-ZIP | austin TX. 78749 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 6924 Robert Dixon |
| 2.4 CITY-ST-ZIP | Austin, TX. 78749 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | 02178 |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | 02116 |
| 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 | |

14. I 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

[Signature]

11/20/98 (52)472 11155

CR2E034 (10/97)