

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90161 040 ***150.00

DOCUMENT # F96000006763

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE
NAME FLANAGAN, GLENDA
STREET ADDRESS 6924 ROBERT DIXON
CITY-ST-ZIP AUSTIN TX 78749

TITLE D ☐ DELETE
NAME FLANAGAN, GLENDA
STREET ADDRESS 6924 ROBERT DIXON
CITY-ST-ZIP AUSTIN TX 78449

TITLE D ☐ DELETE
NAME GOLDBERG, AVRAM J
STREET ADDRESS 270 BEACON ST
CITY-ST-ZIP BOSTON MA 02178

TITLE D ☐ DELETE
NAME MASON, LINDA A
STREET ADDRESS 73 SOMERSET ST
CITY-ST-ZIP BELMONT MA 02116

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

TITLE AS ☐ 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 ☐ 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 11410 Catalonia Drive
6.4 CITY-ST-ZIP Austin, Tx 78745

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, with all other like empowered.

SIGNATURE:

Linda Fontaine, Ast. Sec. 4/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

512-477-5566 x1122

CR2E034 (1/98)

0584539