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

Jan 22 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (1) S27210 LOVE WHOLEFOODS, INC. Principal Place of Business Mailing Address 286 N. NOVA ROAD 286 N. NOVA ROAD #201 DO NOT WRITE IN THIS SPACE ORMOND FL 32174 ORMOND FL 32174 3. Date Incorporated or Qualified 01/24/1991 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 26 59-3094175 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 BOOTH, MITCHELL E. Name 3981 ACOMA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32174 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change BOOTH, MITCHELL E. NAME 1.2 NAME CR2E034 3981 ALCOMA DRIVE STREET ADORESS 1.3 STREET ADDRESS **ORMOND FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE **BOOTH, ANITA-MELANIE** NAME 22 NAME 3981 ALCOMA DRIVE STREET ADDRESS 2.3 STREET ADDRESS ORMONDO FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TiTLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST- ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TiTL€ NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-\$1-ZIP

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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 suppliemental 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, 9 on an attachment with an address.

CITY-ST-ZIP

**FILED**