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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90047 033 ***150.00

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DOCUMENT # **\$75348**

1. Corporation Name

MARTHA'S NATURAL FOOD MARKET, INC. OF BONITA

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Principal Place	e of Business	Mailing Address				 	7 ,,	1011 91911 1991
9118 BONITA BEACH ROAD BONITA SPRINGS FL 34135		9118 BONITA BEACH ROAD BONITA SPRINGS FL 34135						
US		US			DO NOT WRITE IN THIS SPACE			
"						3. Date Incorporated or Qualifed		
}						08/22/1991		
2. Principal P	lace of Business	2a. Mailing Address			***************************************	4. FEI Number	Ap	plied For
21	and the second	26				65-0281121		t Applicable.
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 #	
22		27				5. Certificate of Status Desired	Fee Re	equired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	, ,
23		28				Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		0.0		10. Name and Address of New Registe	ered Agent	-
ono	ACC MARTIN			81 Name	•			
	ISS, MARTHA			82 Stree	Addres	ss (P.O. Box Number is Not Acceptable)	·	
	B BONITA BEACH RD.						 	
BOW	IITA SPRINGS FL 34135			83				J
1	-			84 City			85 Zip (Code
				•			FL S E	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida State	utes, the a	bove-name	d corpor	ration submits this statement for the purpor is board of directors. I hereby accept the a	se of changing its appointment as re	registerea aistered
agent. I a	registered agent, or both, in the State t im familiar with, and accept the obligat	ions of, Section 607.0505, F	Iorida Stat	utes	JOI GUOII	i di contra di airono.		Ĭ
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SIGNATURE			-					\
SIGNATURE	Signature, typed or printed name of registered agent	tana ada ii appinaanii		Agent signature	required v	when reinstating) DAT		
SIGNATURE	OFFICERS AN	D DIRECTORS	13.		required v	when reinstating) DA' ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
	OFFICERS AN	tana ada ii appinaanii	13.	TLE	required v			DRS IN 12
12.	D CROSS, MARTHA	D DIRECTORS	13. 1.1 TI 1.2 N	TLE AME			S AND DIRECTO	
12.	D CROSS, MARTHA 9118 BONITA BEACH ROAD	D DIRECTORS	13. 1.1 TI 1.2 N	TLE			S AND DIRECTO	
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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 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: