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Mar 27 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 # 841545 (7)

1. Corporation Name  
E. & J. GALLO WINERY, INC.



Principal Place of Business  
600 YOSEMITE BLVD  
MODESTO CA 95354-2760

Mailing Address  
600 YOSEMITE BLVD  
MODESTO CA 95354-2760

3. Date Incorporated or Qualified 09/26/1978  
3a. Date of Last Report 01/31/1996  
4. FEI Number 94-1009696  
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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

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  
85 Zip Code FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, LOUIS	
STREET ADDRESS	508 ANDOVER LANE	
CITY-ST-ZIP	MODESTO, CALIF 00000	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CRAWFORD, CHARLES M	
STREET ADDRESS	2752 SHERWOOD AVE	
CITY-ST-ZIP	MODESTO, CALIF 00000	
TITLE	COPD	<input type="checkbox"/> DELETE
NAME	GALLO, JOSEPH E.	
STREET ADDRESS	891 S. HOPPER ROAD	
CITY-ST-ZIP	MODESTO CA	
TITLE	COPD	<input type="checkbox"/> DELETE
NAME	COLEMAN, JAMES E	
STREET ADDRESS	2702 SCENIC BEND	
CITY-ST-ZIP	MODESTO, CALIF 00000	
TITLE	COPD	<input type="checkbox"/> DELETE
NAME	GALLO, ROBERT J	
STREET ADDRESS	1716 MAZE ROAD	
CITY-ST-ZIP	MODESTO, CALIF 00000	
TITLE	COPD	<input checked="" type="checkbox"/> DELETE
NAME	GALLO, DAVID	
STREET ADDRESS	865 CLAUS RD	
CITY-ST-ZIP	MODESTO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: L. Friedman (209)  
L. Friedman  
Vice President & Treasurer 3/12/97 579-3786  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day of Phone #

CR2E034 (9/96)