

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 841545 (7)
 1. Corporation Name
E. & J. GALLO WINERY, INC.



Principal Place of Business 600 YOSEMITE BLVD MODESTO CA 95354-2780	Mailing Address 600 YOSEMITE BLVD MODESTO CA 95354-2760
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/26/1978	
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State	
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9. Name and Address of Current Registered Agent				10. Name and Address of New 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			
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, LOUIS	1.2 NAME	
STREET ADDRESS	508 ANDOVER LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MODESTO, CALIF 00000	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, CHARLES M	2.2 NAME	
STREET ADDRESS	2752 SHERWOOD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MODESTO, CALIF 00000	2.4 CITY-ST-ZIP	
TITLE	COPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLO, JOSEPH E.	3.2 NAME	
STREET ADDRESS	891 S. HOPPER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MODESTO CA	3.4 CITY-ST-ZIP	
TITLE	COPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, JAMES E	4.2 NAME	
STREET ADDRESS	2702 SCENIC BEND	4.3 STREET ADDRESS	
CITY-ST-ZIP	MODESTO, CALIF 00000	4.4 CITY-ST-ZIP	
TITLE	COPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLO, ROBERT J	5.2 NAME	
STREET ADDRESS	1716 MAZE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MODESTO, CALIF 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 as an attachment with an address.

SIGNATURE: *[Signature]* **Friedman, VP & Treasurer** 1/13/98 (209) 341-3786

CR2E034 (10/97)