

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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90092 020 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 856259**

1. Corporation Name

**VINEYARD BRANDS, INC.**



Principal Place of Business

**2000 RESOURCE DRIVE  
 BIRMINGHAM AL 35242  
 US**

Mailing Address

**2000 RESOURCE DRIVE  
 BIRMINGHAM AL 35242  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/26/1983**

4. FEI Number

**94-2217504**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**PERKINS, GREGG  
 3515 RIVERSIDE AVE  
 JACKSONVILLE FL 32205**

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

*Gregg Perkins*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-25-99**

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HAAS, ROBERT Z.	
STREET ADDRESS	1442 RIDGE ROAD	
CITY-ST-ZIP	TEMPLETON CA 93465	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CASSAVOY, ROBERT	
STREET ADDRESS	2328 RIDGE TRAIL	
CITY-ST-ZIP	BIRMINGHAM AL 35242	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAAS, BARBARA S.	
STREET ADDRESS	1442 RIDGE ROAD	
CITY-ST-ZIP	TEMPLETON CA 93465	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAAS, DANIEL E.	
STREET ADDRESS	911 G STREET S.E.	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEFF, JERRY L.	
STREET ADDRESS	3883 LOCKERBIE DR	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PETROW, JAN	
STREET ADDRESS	69 GIRDLE RIDGE RD	
CITY-ST-ZIP	KATONAH NY	

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 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:

*Robert S. Cassavoy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert S. Cassavoy, Treasurer (205) 980-8802**

Date

Daytime Phone #

CR2E034 (11/98)