

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

**FILED**  
**Mar 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P19709 (5)**

1. Corporation Name  
**TREFETHEN VINEYARDS WINERY, INC.**



Principal Place of Business <b>1160 OAK KNOLL AVE                  P.O. BOX 2460                  NAPA CA 94558</b>	Mailing Address <b>1160 OAK KNOLL AVE                  P.O. BOX 2460                  NAPA CA 94558</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/20/1988</b>	
4. FEI Number <b>94-2474359</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DAVIS, JOHN  
 1600 N.W. 163 STREET  
 MIAMI FL 33169**

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

11. Pursuant to the provisions of Sections 607.0107 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 \_\_\_\_\_ (Signature type, do not printed name of registered agent and file if applicable) (NONE) Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>TREFETHEN, JOHN</b>	
STREET ADDRESS	<b>5411 SOLANO AVE</b>	
CITY-ST-ZIP	<b>NAPA CA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITEHOUSE, DAVID, JR.</b>	
STREET ADDRESS	<b>4244 CHABLIS DR</b>	
CITY-ST-ZIP	<b>NAPA CA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>TREFETHEN, JANET</b>	
STREET ADDRESS	<b>5411 SOLANO AVE</b>	
CITY-ST-ZIP	<b>NAPA CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TREFETHEN, CATHERINE</b>	
STREET ADDRESS	<b>1160 OAK KNOLL AVE</b>	
CITY-ST-ZIP	<b>NAPA CA</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LAWSON, JOHN A</b>	
STREET ADDRESS	<b>531 WESTGATE DR</b>	
CITY-ST-ZIP	<b>NAPA CA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CRNCICH, JOHN</b>	
STREET ADDRESS	<b>300 LAKESIDE DR</b>	
CITY-ST-ZIP	<b>OAKLAND CA</b>	

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.

SIGNATURE \_\_\_\_\_ David C. Whitehouse, Jr. Mar 16 1998 707 215 7100

CR2E034 (10/97)