

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

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90005 005 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P19709**

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

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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>PO Box 2460</b>
22 City & State	27 <b>NAPA CA</b>
23 Zip Country	28 <b>94558 CA</b>
24 Country	29 <b>CA</b>

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</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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 607.0502 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	PD	<input type="checkbox"/> DELETE
NAME	TREFETHEN, JOHN	
STREET ADDRESS	5411 SOLANO AVE	
CITY-ST-ZIP	NAPA CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITEHOUSE, DAVID, JR.	
STREET ADDRESS	4244 CHABLIS DR	
CITY-ST-ZIP	NAPA CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TREFETHEN, JANET	
STREET ADDRESS	5411 SOLANO AVE	
CITY-ST-ZIP	NAPA CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TREFETHEN, CATHERINE	
STREET ADDRESS	1160 OAK KNOLL AVE	
CITY-ST-ZIP	NAPA CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CRNCICH, JOHN	
STREET ADDRESS	300 LAKESIDE DR	
CITY-ST-ZIP	OAKLAND CA	
TITLE		<input type="checkbox"/> DELETE

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: \_\_\_\_\_ DATE: **Mar 18, 1999** 707-255-7700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CP2E034-111031