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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P31962** (4)
1. Corporation Name
FREY VINEYARDS, LTD. CORPORATION

Principal Place of Business: **14000 TOMKI ROAD, REDWOOD VALLEY CA 95470**
Mailing Address: **14000 TOMKI RD, REDWOOD VALLEY CA 95470 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/08/1990** 3a. Date of Last Report: **04/20/1994**

4. FEI Number: **94-2672520** Applied For: Not Applicable:

5. Certificate of Status Desired: \$6.75 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 § 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**LANTHIER, MARC
762 S. MILITARY TRAIL
DEERFIELD BEACH FL 33442**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, PAUL	12 NAME	
STREET ADDRESS	14000 TOMKI ROAD	13 STREET ADDRESS	
CITY - ST - ZIP	REDWOOD VALLEY CA	14 CITY - ST - ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, JONATHAN	22 NAME	
STREET ADDRESS	14000 TOMKI ROAD	23 STREET ADDRESS	
CITY - ST - ZIP	REDWOOD VALLEY CA	24 CITY - ST - ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, MARGUERITE	32 NAME	
STREET ADDRESS	14000 TOMKI ROAD	33 STREET ADDRESS	
CITY - ST - ZIP	REDWOOD VALLEY CA	34 CITY - ST - ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, MATTHEW	42 NAME	
STREET ADDRESS	14000 TOMKI ROAD	43 STREET ADDRESS	
CITY - ST - ZIP	REDWOOD VALLEY CA	44 CITY - ST - ZIP	
TITLE	VP	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, KATRINA	52 NAME	
STREET ADDRESS	14000 TOMKI RD	53 STREET ADDRESS	
CITY - ST - ZIP	REDWOOD VALLEY CA	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Katrina Frey VP* 1/17/95 707 485-5177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR