

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F93000002789 (6)**

1. Corporation Name

WILLAMETTE VALLEY VINEYARDS, INC.

Principal Place of Business

**8800 ENCHANTED WAY, SE
TURNER OR 97392**

Mailing Address

**8800 ENCHANTED WAY, SE
TURNER OR 97392**

FILED
Jul 29 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1993

4. FEI Number

93-0981021

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CORYELL, MIKE
1215 APPLETON AVENUE
ORLANDO FL 32806**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DCP** ☐ DELETE

NAME **BERNAU, JAMES W**
STREET ADDRESS **8800 ENCHANTED WAY, SE**
CITY-ST-ZIP **TURNER OR 97392**

TITLE **DVC** ☒ DELETE

NAME **VOORHIES, DONALD**
STREET ADDRESS **1715 WICKSHIRE COURT**
CITY-ST-ZIP **SALEM OR**

TITLE **D** ☐ DELETE

NAME **ELLIS, JAMES L**
STREET ADDRESS **7850 SE KING ROAD**
CITY-ST-ZIP **MILWAUKIE OR 97222**

TITLE **D** ☒ DELETE

NAME **COTTINGHAM, BILLIE M**
STREET ADDRESS **4760 SW DOGWOOD**
CITY-ST-ZIP **LAKE OSWEGO OR 97055**

TITLE **D** ☐ DELETE

NAME **SMITH, DANIEL S**
STREET ADDRESS **28978 BRIGG HILL RD.**
CITY-ST-ZIP **EUGENE OR 97405**

TITLE **D** ☐ DELETE

NAME **O'BRIAN, BETTY**
STREET ADDRESS **22500 INGRAM LANE**
CITY-ST-ZIP **SALEM OR 97304**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 (changed, or on an attachment with an address.

SIGNATURE

CR2E034 (5/98)