

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000001350

**Entity Name:** PARAGON VINEYARD CO., INC.

**Current Principal Place of Business:**

4915 ORCUTT ROAD  
SAN LUIS OBISPO, CA 93401

**Current Mailing Address:**

4915 ORCUTT ROAD  
SAN LUIS OBISPO, CA 93401

**FEI Number:** 94-0786435

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO, DIRECTOR  
Name            NIVEN, JAMES H  
Address        311 SPRUCE STREET  
City-State-Zip: SAN FRANCISCO CA 94118

Title            COO, CFO, DIRECTOR  
Name            NIVEN JR., JOHN R.  
Address        4905 ORCUTT ROAD  
City-State-Zip: SAN LUIS OBISPO CA 93401

Title            VP, ASST. SECRETARY, DIRECTOR  
Name            BLANEY, MICHAEL N  
Address        970 AMBROSIA LANE  
City-State-Zip: SAN LUIS OBISPO CA 93401

Title            DIRECTOR  
Name            NIVEN, JANE L  
Address        8550 E. REMUDA DR.  
City-State-Zip: SCOTTSDALE AZ 85255

Title            DIRECTOR  
Name            ROWE, JULIA L.  
Address        1847 BIMINI WAY  
City-State-Zip: VISTA CA 92080

Title            VP, ASST. SECRETARY, DIRECTOR  
Name            NIVEN, JOHN H  
Address        5885 BUTTERCUP LANE  
City-State-Zip: AVILA BEACH CA 93424

Title            VP, SECRETARY  
Name            BRASSFIELD, BRUCE A.  
Address        1345 BRIGHTON AVENUE  
City-State-Zip: GROVER BEACH CA 93433

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRUCE A. BRASSFIELD

**VP, SECRETARY**

**01/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date