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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000000403 (6)**

1. Corporation Name

BRONCO WINE COMPANY

Principal Place of Business	Mailing Address
6342 BYSTRUM ROAD POST OFFICE BOX 789 CERES CA 95307	6342 BYSTRUM ROAD POST OFFICE BOX 789 CERES CA 95307

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 01/14/1993
3a. Date of Last Report: 02/14/1995
4. FEI Number: 94-2231905 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAGGART, THOMAS P
3035 FIFTH AVENUE NORTH
ST. PETERSBURG FL 33713

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPCF	☐ DELETE
NAME	FRANZIA, FRED T	
STREET ADDRESS	1917-D EDGEBROOK DR	
CITY-ST-ZIP	MODESTO CA	
TITLE	CPCE	☐ DELETE
NAME	FRANZIA, JOSEPH S	
STREET ADDRESS	1109 AMHERST	
CITY-ST-ZIP	MODESTO CA	
TITLE	CPD	☐ DELETE
NAME	FRANZIA, JOHN G	
STREET ADDRESS	20100 ZUMWALT ROAD	
CITY-ST-ZIP	ESCALON CA	
TITLE	T	☐ DELETE
NAME	LEONARD, DANIEL J	
STREET ADDRESS	1018 DOUGLAS AVE	
CITY-ST-ZIP	MODESTO CA	
TITLE	S	☐ DELETE
NAME	ROSSINI, ALBERT W JR	
STREET ADDRESS	5518 BLEDSOE RD	
CITY-ST-ZIP	DENAIR CA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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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)(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: X _____ JOHN FRANZIA, JR. 1/29/96 (209) 538-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #