

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # F93000001890 (3)**

1. Corporation Name

**TURNBULL WINE CELLARS, INC.**



Principal Place of Business

**POST OFFICE BOX 29  
OAKVILLE CA 94562**

Mailing Address

**POST OFFICE BOX 29  
OAKVILLE CA 94562**

2. Principal Place of Business

**21 8210 St. Helena Hwy**

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

**22 City & State  
Oakville, CA**

27 City & State

**23 Zip  
94562**

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**SERRANO, ROBERTO  
TRANSATLANTIC SUPPLIERS INC.  
7310 NW 79TH TERRACE  
MEDLEY FL 33166**

81 Name

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

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified  
**04/19/1993**

3a. Date of Last Report  
**02/15/1995**

4. FEI Number  
**68-0283940**

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

10. Name and Address of New Registered Agent

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 the corporation

DATE Registered Agent Signature received when appointed

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**DP  
NAME O'DELL, PATRICK  
STREET ADDRESS 180 S. FORTUNA BLVD.  
CITY- ST- ZIP FORTUNA CA 95540**

TITLE ☐ DELETE

**VT  
NAME MCTIGUE, ARTHUR  
STREET ADDRESS 180 S. FORTUNA BLVD.  
CITY- ST- ZIP FORTUNA CA**

TITLE ☐ DELETE

**S  
NAME FRICK, JOANNE  
STREET ADDRESS 180 S. FORTUNA BLVD.  
CITY- ST- ZIP FORTUNA CA 95540**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-5-96**

**(707) 725-6661**

CR2E034 (12/95)