FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002375 (4)

1. Corporation Name
THE CALIFORNIA WINE COMPANY

Principal Place of Business	Mailing Address
155 CHERRY CREEK ROAD CLOVERDALE CA 95425	155 CHERRY CREEK ROAD CLOVERDALE CA 95425

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/12/1993
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 94-2713048 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24
Country — 25
Zip — 29
Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DICK, STEVEN
SOUTHERN WINE & SPIRITS
1600 NW 163RD STREET
MIAMI FL 33169

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GUNN, JOHN H	1.2 NAME	
STREET ADDRESS	36-37 KING STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ECZV 8BE	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	MERRITT, JOHN B JR	2.2 NAME	
STREET ADDRESS	155 CHERRY CREEK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLOVERDALE CA 95425	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ALLAN, WILLIAM C	3.2 NAME	
STREET ADDRESS	36-37 KING STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ECZV 8BE	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GASTON, DEXTER W JR	4.2 NAME	
STREET ADDRESS	6150 LUSK BLVD., SUITE B-105	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA 92121	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, JEAN-MARIE	5.2 NAME	
STREET ADDRESS	155 CHERRY CREEK ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLOVERDALE CA 95425	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	☐ Change ☐ Addition
NAME	WILKINSON, ROBERT O	6.2 NAME	
STREET ADDRESS	155 CHERRY CREEK ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLOVERDALE CA 95425	6.4 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)(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: Robert O. Wilkinson 2/8/94 707-894-4295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT O. WILKINSON, SECRETARY

0402034 FP