

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 # F93000002375 (4)

1. Corporation Name

THE CALIFORNIA WINE COMPANY



Principal Place of Business

155 CHERRY CREEK ROAD
CLOVERDALE CA 95425

Mailing Address

155 CHERRY CREEK ROAD
CLOVERDALE CA 95425

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/12/1993

3a. Date of Last Report

04/26/1995

4. FET Number

94-2713048

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

81

Name

T. WAYNE WINSTEAD

82

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

9 BELLE ISLAND AVENUE #501

83

84

City

MIAMI

FL

85

Zip Code

33139

11. Pursuant to the provisions of Sections 607.02 and 607.150B, 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 607.05, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

3-7-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GUNN, JOHN H	
STREET ADDRESS	36-37 KING STREET	
CITY-STATE-ZIP	LONDON, EC2V 8BE	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MERRITT, JOHN B JR	
STREET ADDRESS	155 CHERRY CREEK ROAD	
CITY-STATE-ZIP	CLOVERDALE CA 95425	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLAN, WILLIAM C	
STREET ADDRESS	36-37 KING STREET	
CITY-STATE-ZIP	LONDON, EC2V 8BE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GASTON, DEXTER W JR	
STREET ADDRESS	6150 LUSK BLVD., SUITE B-105	
CITY-STATE-ZIP	SAN DIEGO CA 92121	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MARTIN, JEAN-MARIE	
STREET ADDRESS	155 CHERRY CREEK ROAD	
CITY-STATE-ZIP	CLOVERDALE CA 95425	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WILKINSON, ROBERT O	
STREET ADDRESS	155 CHERRY CREEK ROAD	
CITY-STATE-ZIP	CLOVERDALE CA 95425	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CATHY DEL FAVA	
1.3 STREET ADDRESS	60 BOSCHE ST.	
1.4 CITY-STATE-ZIP	GEYSERVILLE, CA 95441	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	YVONNE K WHITTAKER	
2.3 STREET ADDRESS	824 QUAIL CT	
2.4 CITY-STATE-ZIP	HEALDSBURG, CA 95125	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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)(g), 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: *Yvonne K Whittaker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 (707)894-4295

DATE DATE OF FILING

CR2E034 (12/95)