

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 14 AM 7: 57

DOCUMENT # F93000002908 (2)

1. Corporation Name

SUGARLOAF FARMING CORPORATION

Principal Place of Business

**12400 IDA CLAYTON ROAD
CALISTOGA CA 94515**

Mailing Address

**12400 IDA CLAYTON ROAD
CALISTOGA CA 94515**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

05/11/1994

4. FEI Number

94-2847796

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

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

22

State, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**AUSTIN, EDWARD H
1716 MANOR DR.
COCOA FL 32922**

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 of Registered Agent or Agent for Service of Process)

(Signature of Registered Agent or Agent for Service of Process)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

RODDE, SCOTT

STREET ADDRESS

1500 3RD ST., STE. D

CITY-STATE-ZIP

NAPA CA 94558

TITLE

VP

NAME

VYENILO, WILLIAM

STREET ADDRESS

5832 LA CUESTA DR.

CITY-STATE-ZIP

SANTA ROSA CA 95409

TITLE

S

NAME

MEYERS, MICHAEL

STREET ADDRESS

525 UNIVERSITY AVE., 14TH FLOOR

CITY-STATE-ZIP

PALO ALTO CA

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-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-STATE-ZIP

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

400 Sansome Street

San Francisco, CA 94111

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(a), Florida Statutes. I further certify that the information furnished on this annual report or supplementary 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 appointed to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13 of this report.

SIGNATURE:

William M Vyeniolo
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

3/3/95

707 942-4459
DATE