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 # **F93000003745 (7)**

1. Corporation Name

KING ESTATE WINERY, INC.

Principal Place of Business	Mailing Address
80854 TERRITORIAL HWY. EUGENE OR 97405	80854 TERRITORIAL HWY. EUGENE OR 97405

3. Date Incorporated or Qualified: **08/12/1993**

3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **93-1072739** ☐ 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

NATIONAL DISTRIBUTING CO., INC.
MR. CHRIS KEARNEY
441 SW 12TH AVE.
DEERFIELD BEACH FL 33442

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 New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	CD	☐ DELETE	1 TYPE	☐ Change ☐ Addition
NAME	KING, EDWARD J JR.		2 NAME	
STREET ADDRESS	8741 SILVER SADDLE DR.		3 STREET ADDRESS	
CITY-ST-ZIP	CAREFREE AZ		4 CITY-ST-ZIP	
TYPE	D	☐ DELETE	2 TYPE	☐ Change ☐ Addition
NAME	KING, CAROLYN G		2 NAME	
STREET ADDRESS	8741 SILVER SADDLE DRIVE		3 STREET ADDRESS	
CITY-ST-ZIP	CAREFREE AZ		4 CITY-ST-ZIP	
TYPE	D	☐ DELETE	3 TYPE	☐ Change ☐ Addition
NAME	THEIS, SHELLY M		3 NAME	
STREET ADDRESS	6130 MISSION DRIVE		3 STREET ADDRESS	
CITY-ST-ZIP	MISSION HILLS KS		4 CITY-ST-ZIP	
TYPE	D	☐ DELETE	4 TYPE	☐ Change ☐ Addition
NAME	INNES, RON D		4 NAME	
STREET ADDRESS	1226 W 63RD TERRACE		4 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO		4 CITY-ST-ZIP	
TYPE	D	☐ DELETE	5 TYPE	☐ Change ☐ Addition
NAME	INNES, MICHELLE		5 NAME	
STREET ADDRESS	1226 W 63RD TERRACE		5 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO		5 CITY-ST-ZIP	
TYPE	V	☐ DELETE	6 TYPE	☒ Change ☐ Addition
NAME	LAMBERT, MICHAEL L		6 NAME	LAMBERT, MICHAEL L
STREET ADDRESS	88747 ELLMAKER RD		6 STREET ADDRESS	88747 ELLMAKER RD
CITY-ST-ZIP	VENETA OR		6 CITY-ST-ZIP	VENETA OR

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 with an address.

SIGNATURE: Michael Lambert 8/12/96 541 942-9874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)