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Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
80854 TERRITORIAL HWY.
EUGENE OR 97405

Mailing Address
80854 TERRITORIAL HWY.
EUGENE OR 97405-9715

3. Date Incorporated or Qualified
08/12/1993

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME KING, EDWARD J JR.
STREET ADDRESS 8741 SILVER SADDLE DR.
CITY-ST-ZIP CAREFREE AZ

1.1 TITLE PSD ☐ Change ☒ Addition
1.2 NAME KING, EDWARD JAMES
1.3 STREET ADDRESS 30414 LE BLEU RD.
1.4 CITY-ST-ZIP EUGENE, OR 97405

TITLE D ☐ DELETE
NAME KING, CAROLYN G
STREET ADDRESS 8741 SILVER SADDLE DRIVE
CITY-ST-ZIP CAREFREE AZ

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME THEIS, SHELLEY M
STREET ADDRESS 6130 MISSION DRIVE
CITY-ST-ZIP MISSION HILLS KS

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME INNES, RON D
STREET ADDRESS 1226 W 63RD TERRACE
CITY-ST-ZIP KANSAS CITY MO

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME INNES, MICHELLE
STREET ADDRESS 1226 W 63RD TERRACE
CITY-ST-ZIP KANSAS CITY MO

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME LAMBERT, MICHAEL L
STREET ADDRESS 88747 ELLMAKER RD
CITY-ST-ZIP VENETA OR

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

(541) 942-9874

Date

Daytime Phone #

CR2E034 (9/96)