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FILED

Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/12/1993**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE

NAME **KING, EDWARD J JR.**  
STREET ADDRESS **8741 SILVER SADDLE DR.**  
CITY - ST - ZIP **CAREFREE AZ**

TITLE **D** ☐ DELETE

NAME **KING, CAROLYN G**  
STREET ADDRESS **8741 SILVER SADDLE DRIVE**  
CITY - ST - ZIP **CAREFREE AZ**

TITLE **D** ☐ DELETE

NAME **THEIS, SHELLY M**  
STREET ADDRESS **6130 MISSION DRIVE**  
CITY - ST - ZIP **MISSION HILLS KS**

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

NAME **INNES, MICHELLE**  
STREET ADDRESS **1226 W 63RD TERRACE**  
CITY - ST - ZIP **KANSAS CITY MO**

TITLE **VD** ☒ DELETE

NAME **LAMBERT, MICHAEL L**  
STREET ADDRESS **88747 ELLMAKER RD**  
CITY - ST - ZIP **VENETA OR**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I 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 agent 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:

**RECEIVED**

**1/19/98**

**(541) 942-9874**

CR2E034 (10/97)