

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003745

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**

FILED
Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90010 044 ***150.00



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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

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 **PSD** ☐ DELETE
NAME **KING, EDWARD JAMES**
STREET ADDRESS **30414 LE BLEU RD**
CITY-ST-ZIP **EUGENE OR 97405**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)