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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

F9400002555 (0)

TALLEY VINEYARDS A CALIFORNIA CORPORATION

***************************************	TIME TAILO A ONEI ON	MIN COM CHATION			
Principal Place of Business Mailing Address					I TERHER HIND TOWN DIGHT BEINT ORAN BOWN BOWN BOWN BOWN BOWN BINDS
3031 LOPEZ DRIVE ARROYO GRANDE CA 93420		P.O. BOX 360 ARROYO GRANDE CA 93421-0360		0	
US					Date Incorporated or Qualified 3a. Date of Last Report
O Dischal Die		A- 44.95 - 4.11			05/17/1994 02/01/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For Not Applied ble Not Applied For Not Applied ble Not Applied ble Applied For Not Appl
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State		· - · · ·	6. Election Campaign Financing \$5.00 May Be
23 Zip	Country 7to				Trust Fund Contribution Added to Fees
24	Country 25	Zip 29	Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes XNo
	9. Name and Address of Curre				10. Name and Address of New Registered Agent
			1	81 Nam	me
SERRAI	NO, ROBERTO		-	82 Stree	reet Address (P.O. Box Number is Not Acceptable)
7310 N.W. 79TH TER.					
MEDLE	Y FL 33166			83	
			Ī	84 City	y 85 Zip Code
11. Pursuant to	the provisions of Sections 607 050	2 and 607 1508. Florida Statut	tes the abov	e-named	FL 0 250
or registere	ed agent, or both, in the State of Flori n, and accept the obligations of, Sec	ida. Such change was authoriz	zed by the co	propration	on's board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE	i, and accopy the congations of, coo	non con.occo, nonda cialdica	o.		
	Signature, typed or printed name of registered agen			Agent signatur	sture required when reinstating) DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	P TALLEY DON		1.170		Change Addition
STREET ADDRESS	TALLEY, DON 3000 BRANCH MILL RD.		1.2 NAI 1.3 STB	vie Reet address	566
CITY-ST-ZIP	ARROYO GRANDE CA 9342	20	1	Y - S1 - ZIP	
TITLE	ST	DELETE	2 1 111		Change Addition
NAME	TALLEY, ROSEMARY		2 2 NAM	ME	
STREET ADDRESS	OUGO DI MICE TID.		2.3 STF	REET ADDRESS	ESS .
CITY - ST - ZIP	ARROYO GRANDE CA 93420			Y-ST-ZIP	
TILE NAME	VD	☐ DECE IE	3. 1 TIT		Change Addition
STREET ADDRESS	TALLEY, BRIAN 946 LOBELIA		3.2 NAME 3.3. STREET A		IF CC
CITY-ST-ZIP			3.4 CITY-ST-ZIP		100
THTLE	DELETE		4. 1 TIT		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STR	REET ADDRESS	ESS
CITY - ST - ZIP		FT DE ETC		Y-ST-ZIP	
THLE		☐ DELETE	5 1 111		Change
NAME STREET ADDRESS			5.2 NAM		
CITY-ST-ZIP				(EET ADDRESS Y+S1+ZIP	200
TITLE		DELETE	6 1 TIT		Change Addition
NAME			62 NAM	ME	
STREE1 ADORESS			6 3 STR	HEET ADDRESS	ESS
CITY-ST-ZIP		and the Charter of the Control of th		Y - ST - 71P	
certify that oath; that I	the information indicated on this ann	ual report or supplemental and pration or the receiver or truste	nual report is se empowere	true and	qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Hurther d accurate and that my signature shall have the same legal effect as if made under ecute this report as required by Chapter 607, Florida Statutes; and that my name
SIGNAT	URE: SIGNATURE AND TYPED O	R PRINTED NAME OF SIGUING OFFIC	ER OR DIRECTO	OR	4/10/96 (805)489-2508 Dayline Prone 1