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 # **F95000005537 (4)**

1. Corporation Name

GREENFIELD WINE COMPANY

Principal Place of Business

PO BOX 452
ST. HELENA CA 94574

Mailing Address

PO BOX 452
ST. HELENA CA 94574

3. Date Incorporated or Qualified: **11/13/1995**

3a. Date of Last Report:

4. FEI Number: **68-0224311** ☐ 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

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

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

9. Name and Address of Current Registered Agent

WINE CLEARING, INC.
2210 N.W. 29TH ST.
FT. LAUDERDALE FL 33311

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 607.1505, 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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TYPE: PC	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME: CARTLIDGE, TONY		1 NAME	
STREET ADDRESS: 2790 SPRING ST.		1 STREET ADDRESS	
CITY-ST-ZIP: ST. HELENA CA 94574		1 CITY-ST-ZIP	
2 TYPE: STVC	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME: TOPPING, HARRY		2 NAME	
STREET ADDRESS: 942 COUNTRY CLUB LN		2 STREET ADDRESS	
CITY-ST-ZIP: SONOMA CA 95476		2 CITY-ST-ZIP	
3 TYPE: D	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME: GREENWOOD, BRIAN		3 NAME	
STREET ADDRESS: 1056 POMONA AVE.		3 STREET ADDRESS	
CITY-ST-ZIP: ALBANY CA 94796		3 CITY-ST-ZIP	
4 TYPE: D	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME: BROWNE, GLENN		4 NAME	
STREET ADDRESS: 416 TROON DR.		4 STREET ADDRESS	
CITY-ST-ZIP: NAPA CA 94558		4 CITY-ST-ZIP	
5 TYPE:	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME:		5 NAME	
STREET ADDRESS:		5 STREET ADDRESS	
CITY-ST-ZIP:		5 CITY-ST-ZIP	
6 TYPE:	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME:		6 NAME	
STREET ADDRESS:		6 STREET ADDRESS	
CITY-ST-ZIP:		6 CITY-ST-ZIP	

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: X Tony Cartlidge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #