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 # F96000004946

HERON HILL VINEYARDS, INC.

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90030 026 ***150.00



Principal Place of Business Mailing Address .						 	81819 8 19) 1 88 1
9249 COUNTY RT 76 9249 COUNTY RT 76							
HAMMONDSPORT NY 14840 HAMMONDSPORT NY 1		HAMMONDSPORT NY 14840	D		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	3 OF ACE	
					09/26/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21					16-1080336		t Applicable
		Suite, Apt. #, etc.	Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Re	
		City & State					***
City & State	8	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year In	ntangible	
24	25	29]		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Curren	t Registered Agent		.aT	10. Name and Address of New Registered	Agent	
DICK	, MEL SWS		8	11 Name			
1600 NW 163RD ST			8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	AI FL 33169		8	13			
			Ĺ				
			8	4 City	Fi	L 85 Zip C	Jode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abo	ve-named corp	oration submits this statement for the purpose of	of changing its	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth tions of, Section 607.0505, Florida	iorized b a Statute	by the corporations.	on's board of directors. I hereby accept the appo	animent as re	gistered
SIGNATURE							
	Signature, typed or printed name of registered ager		•	ent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTO	DC IN 12
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	INGLE, JOHN JR		1.2 NAM			C 3 V	_
STREET ADDRESS	5970 HICKS RD		ľ	ET ADDRESS			!
CITY-ST-ZIP	NAPLES NY		1.4 CITY				
TITLE			2.1 TITLE			Change	☐ Addition
NAME	INGLE, JOSEPHINE		2.2 NAM	E			
STREET ADDRESS	5970 HICKS RD		2.3 STRE	ET ADORESS			
CITY-ST-ZIP	NAPLES NY		2. 4 CITY	-ST-ZIP			
TITLE	AS	₩ DELETE	3.1 TITLE	·		Change	Addition [
NAME	HAZLITT, PHIL		3.2 NAMI	E			
STREET ADDRESS	203 S. GLEN AVE		ľ	ET ADDRESS			
CITY-ST-ZIP	WATKINS GLEN NY 14891	☐ DELETE	3.4. CiTY 4.1 TITLE			Change	Addition
TITLE			4.1 IIILE			Consular	
NAME STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAMI	Ε			j
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TILE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	 			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP.	· · · · · · · · · · · · · · · · · · ·	us distanti	6.4 CITY-		Posting 440 07/2ViV Florida Statutas I further of	ntifu that the i	nformation

I nereby 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

607-868-4241

Daytime Phone #