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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90031 007 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F97000002440**

1. Corporation Name  
**ASSOCIATED VINTAGE GROUP, INC.**



Principal Place of Business

**3000 BOWEN ST.  
 GRATON CA 95444  
 US**

Mailing Address

**P.O. BOX D  
 GRATON CA 95444**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/06/1997**

2. Principal Place of Business

**21 9119 Graton Road**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

4. FEI Number

**68-0305417**

Applied For

Not Applicable

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

**23 Graton, CA**

City & State

**28**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip Country

**24 95444 25 US**

Zip Country

**29 30**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**SUBERS, GARY  
 19168 DOGWOOD RD., SUITE B  
 FT. MYERS FL 33912**

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  DELETE

NAME **CD  
 GODWIN, RICHARD P**  
 STREET ADDRESS **13422 CHALK HILL RD.**  
 CITY-ST-ZIP **HEALDSBURG CA 95448**

TITLE  DELETE

NAME **PD  
 HEMPHILL, ALLAN J**  
 STREET ADDRESS **7500 DRY CREEK RD.**  
 CITY-ST-ZIP **GEYERSVILLE CA 95441**

TITLE  DELETE

NAME **SD  
 GODWIN, REATHA T**  
 STREET ADDRESS **13422 CHALK HILL RD.**  
 CITY-ST-ZIP **HEALDSBURG CA 95448**

TITLE  DELETE

NAME **V  
 DAMSKEY, KERRY R**  
 STREET ADDRESS **422 WOODRIDGE CT.**  
 CITY-ST-ZIP **GEYERSVILLE CA 95441**

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 of Allan Hemphill*  
**Allan Hemphill**

(707)829-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)