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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # EOG

<ol> <li>Corporation</li> </ol>	ESTATE WINERY, INC.													
Principal P ace	e of Business	Mailing Address					1 19	· · · · · · · · · · · · · · · · · · ·	·*/** #### <b>##</b>	(1)				
P.O. BOX 352 1551 OAKVILLE GRADE		P.O. BOX 352 1551 DAKVILLE GRADE				DO NOT WRITE IN THIS SPACE								
OAKVILLE CA 9	94562	OAKVILLE CA 94562				3	Date Inc.	corporated or		12 114 11	O OI NOL			
2. Principal Pl	lace of Business	2a. Mailing Address				4.	FEI Nur					App	lied For	
21	_	26					68-01	72 <u>0</u> 04			$\Box$		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5	Certifca	te of Status I	Desired				dditional uired	
22	<del></del>	27												_
City & State	e	City & State				6		n Campaign F und Contribut	_				May Be Fees	
Zip	Country	Zip	Col	ıntry		8		rporation owe		ent year	ntangible			1
24	25	29	30					al Property Ta			☐Yes		<b>2</b> 100	
	9. Name and Adcress of Curren	Registered Agent			*	10	. Name	and Address	of New f	Register	d Agent			
				81	Name									
• •	CORPORATION SYSTEM			82	Street A	Address (	P.O. Box.	Number is N	ot Accepta	abie)				1
	SOUTH PINE ISLAND ROAD										-			ļ
PIAI	NTATION FL 33324			83										
				1 1										Ì
	to the provisions of Sections 607.050	and 607.1508, Florida State	tes, the a	84 above	City	corporation's h	on submit	s this stateme	ent for the	purpose	of changin	Zip C g its ı ıs rec	eaistered	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State of familiar with, and accept the obligations of Signature, typed or printed name of registered agents.	of Florida. Such change was Lons of, Section 607.0505, F	authorize	above d by t tutes.	-named control	ration s t	reinstating)	irectors. Ther	eby acce	purpose pt the app	C changin oointment a	g its i	egistered istered	1
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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 ex on an attact ment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Donald B. Weaver 13 April 99