

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90136 008 ***150.00

DOCUMENT # F98000005332

1. Corporation Name
LAMBERT BRIDGE WINERY INC.

Principal Place of Business

W DRY CREEK ROAD
HEALSBERG CA 95448

Mailing Address

4085 W DRY CREEK ROAD
HEALSBERG CA 95448



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

09/23/1998

4. FEI Number

68-0308769

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

LANO, CHRIS
1082 SOUTH ROGERS CIRCLE
BOCA RATON FL 33487

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 P ☐ DELETE

NAME CHAMBERS, PATRICIA
STREET ADDRESS 4085 W. DRY CREEK ROAD
CITY-ST-ZIP HEALSBERG CA

TITLE V ☐ DELETE

NAME ROYCE, ROBERT
STREET ADDRESS 4085 W. DRY CREEK ROAD
CITY-ST-ZIP HEALSBERG CA

TITLE ST ☐ DELETE

NAME SMITH, DONALD
STREET ADDRESS 4085 W. DRY CREEK ROAD
CITY-ST-ZIP HEALSBERG CA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 V ☐ Change ☒ Addition

1.2 NAME ROY, DAVID J.
1.3 STREET ADDRESS 4085 W. DRY CREEK RD
1.4 CITY-ST-ZIP HEALSBERG, CA 95448

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME JANTOSCA, JULIA I
2.3 STREET ADDRESS 4085 W. DRY CREEK RD
2.4 CITY-ST-ZIP HEALSBERG, CA 95448

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME DIXON, JENNIFER A
3.3 STREET ADDRESS 4085 W. DRY CREEK
3.4 CITY-ST-ZIP HEALSBERG, CA 95448

4.1 TITLE T ☐ Change ☒ Addition

4.2 NAME ROMANO, ANTHONY J.
4.3 STREET ADDRESS 4085 W. DRY CREEK
4.4 CITY-ST-ZIP HEALSBERG, CA 95448

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME KURT BOROWSKY
5.3 STREET ADDRESS 4085 W. DRY CREEK RD
5.4 CITY-ST-ZIP HEALSBERG, CA 95448

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:

JENNIFER A DIXON

1/25/99

707-431-9600

CR2E034 (11/98)