FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JAN 31 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12940 (3)

1. Corporation Name

GIBSON WINE COMPANY

Principal Place of Business	Mailing Address
1720 ACADEMY AVENUE SANGER CA 93657	1720 ACADEMY AVENUE SANGER CA 93657

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/20/1987
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

Suite, Apt. #, etc. (22) (27)

City & State (23) (28)

Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 94-0840555 ☐ 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

9. Name and Address of Current Registered Agent

HOVEKAMP, J. FRANK
2621 COVE CAY DR. 508
CLEARWATER FL 34620

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME	BOOS, WILLIAM J.	1.2 NAME	Spruance, Kim	
STREET ADDRESS	14382 E. MCKINLEY	1.3 STREET ADDRESS	15759 Morgan Canyon Rd.	
CITY-ST-ZIP	SANGER CA	1.4 CITY-ST-ZIP	Prather, CA 93651	
TITLE	PD	2.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME	CONSTANCE, JACK	2.2 NAME	Delap, Nonie	
STREET ADDRESS	10109 E. JENSEN	2.3 STREET ADDRESS	242 S. Frankwood Ave.	
CITY-ST-ZIP	SANGER CA	2.4 CITY-ST-ZIP	Sanger, CA 93657	
TITLE	SD	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	HERMAN, LELAND	3.2 NAME	Fazio, Joe	
STREET ADDRESS	1589 S DEL REY AVE	3.3 STREET ADDRESS	2500 S. Fowler Ave.	
CITY-ST-ZIP	SANGER CA	3.4 CITY-ST-ZIP	Fresno, CA 93749	
TITLE	TD	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	WEBER, DONALD, L	4.2 NAME	Herron, Bill	
STREET ADDRESS	344 NORTH MCCALL AVENUE	4.3 STREET ADDRESS	155 S. Fairbanks	
CITY-ST-ZIP	SANGER CA	4.4 CITY-ST-ZIP	Sanger, CA 93657	
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	NILMEIER, GLENN	5.2 NAME		
STREET ADDRESS	3930 S. DEWOLF	5.3 STREET ADDRESS		
CITY-ST-ZIP	FRESNO CA	5.4 CITY-ST-ZIP		
~~TITLE~~	~~SD~~	6.1 TITLE		☐ Change ☐ Addition
~~NAME~~	~~HERMAN, LELAND~~	6.2 NAME		
~~STREET ADDRESS~~	~~1589 S. DEL REY~~	6.3 STREET ADDRESS		
~~CITY-ST-ZIP~~	~~SANGER CA~~	6.4 CITY-ST-ZIP		

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: General Manager/Assistant Secretary 1/23/95 (209) 875-2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kim Spruance

0491035 FN