

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P12940 (3)

1. Corporation Name

GIBSON WINE COMPANY

Principal Place of Business

1720 ACADEMY AVENUE
SANGER CA 93657

Mailing Address

1720 ACADEMY AVENUE
SANGER CA 93657



2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

01/20/1987

3a. Date of Last Report

01/31/1995

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

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 of type of person registered agent or officer or director

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ DELETE

NAME
BOOS, WILLIAM J.
STREET ADDRESS
14382 E. MCKINLEY
CITY-STATE-ZIP
SANGER CA

2. 1 TITLE ☐ DELETE

NAME
PD
CONSTANCE, JACK
STREET ADDRESS
10109 E JENSEN
CITY-STATE-ZIP
SANGER CA

3. 1 TITLE ☐ DELETE

NAME
SD
HERMAN, LELAND
STREET ADDRESS
1589 S DEL REY AVE
CITY-STATE-ZIP
SANGER CA

4. 1 TITLE ☐ DELETE

NAME
TD
WEBER, DONALD, L
STREET ADDRESS
344 NORTH MCCALL AVENUE
CITY-STATE-ZIP
SANGER CA

5. 1 TITLE ☐ DELETE

NAME
VD
NILMEIER, GLENN
STREET ADDRESS
3930 S. DEWOLF
CITY-STATE-ZIP
FRESNO CA

6. 1 TITLE ☐ DELETE

NAME
AS
SPRUANCE, KIM
STREET ADDRESS
15759 MORGAN CANYON RD
CITY-STATE-ZIP
PRATHER CA 93651

1. 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ASSISTANT SECRETARY

NONIE DELAP

242 S. FRANKWOOD AVE
SANGER, CA 93657

DIRECTOR

HENRY MAYEDA JR.

7555 E. NORTH AVENUE
FRESNO, CA 93725

DIRECTOR

BILL HERRON

155 S. FAIRBANKS
SANGER, CA 93657

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEN MGR/ASST SEC

01/26/96

(209) 875-2505

Date

Daytime Phone #

CR2E034 (12/95)