# 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

FILED
95 JAN 23 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P12978** **(3)**

1. Corporation Name
**BATAVIA WINE CELLARS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 390 SCHOL STREET<br>BATAVIA NY 14020<br>US | 390 SCHOOL STREET<br>BATAVIA NY 14020<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/12/1987**
3a. Date of Last Report: **02/01/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **16-1222994** ☐ 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

CASEY, JAMES
1127 SEMINOLE EAST
P.O. BOX 4198
JUPITER FL 33468-9198

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 | P | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | COOPER, NED | 1.2 NAME | |
| STREET ADDRESS | 4 NARAMORE DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BATAVIA NY | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SANDS, RICHARD | 2.2 NAME | |
| STREET ADDRESS | 7 LANDSDOWNE LN | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY | 2.4 CITY-ST-ZIP | |
| TITLE | ST | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | FETTERMAN, LYNN | 3.2 NAME | |
| STREET ADDRESS | 36 SOUTHERLY PARKWAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY | 3.4 CITY-ST-ZIP | |
| TITLE | AS | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | SANDS, ROBERT | 4.2 NAME | |
| STREET ADDRESS | 4000 EAST AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 above, or on an attachment with an address.

**SIGNATURE:** Ned Cooper, President 1/12/95 (716)344-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0104706 FN