

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P13549 (1)
1. Corporation Name
GOLDEN STATE VINTNERS INCORPORATED



Principal Place of Business

38558 ROAD 128
CUTLER CA 93615

Mailing Address

PO BOX 39
CUTLER CA 93615-0039
US

401 ST. HELENA Hwy S.
ST HELENA, CA 94574

3. Date Incorporated or Qualified
03/10/1987

3a. Date of Last Report
03/11/1996

2. Principal Place of Business

21 8418 S. LAC JAC AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 401 ST. HELENA Hwy S.
Suite, Apt. #, etc.

4. FEI Number

94-0358460

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

23 PARLIER CA

27 City & State

28 ST Helena CA

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

93648

Country

USA

29 Zip

94574

Country

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

N/A

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

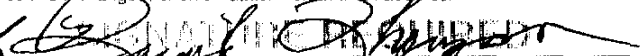
TITLE	PD, C	<input type="checkbox"/> DELETE
NAME	O'NEILL, JEFFREY B.	
STREET ADDRESS	38558 ROAD 128	
CITY - ST - ZIP	CUTLER CA	
TITLE	CAO	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, RONALD A.	
STREET ADDRESS	38558 ROAD 128	
CITY - ST - ZIP	CUTLER CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STONE, JAMES F.	
STREET ADDRESS	38558 ROAD 128	
CITY - ST - ZIP	CUTLER CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, III PAUL M.	
STREET ADDRESS	38558 ROAD 128	
CITY - ST - ZIP	CUTLER CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDONNELL, MARK D.	
STREET ADDRESS	38558 ROAD 128	
CITY - ST - ZIP	CUTLER CA	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	THOMPSON, BRIAN	
STREET ADDRESS	38558 ROAD 128	
CITY - ST - ZIP	CUTLER CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	(DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BINKLEY, NICHOLAS	
2.3 STREET ADDRESS	800 NEWPORT CENTER DR, STE 725	
2.4 CITY - ST - ZIP	NEWPORT BEACH, CA 92660	
3.1 TITLE	(DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WOLTER, DOUGLAS R.	
3.3 STREET ADDRESS	800 NEWPORT CENTER DR, STE 725	
3.4 CITY - ST - ZIP	NEWPORT BEACH, CA 92660	
4.1 TITLE	(DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BROWN, JEFFREY J.	
4.3 STREET ADDRESS	2715 WINDSOR DR	
4.4 CITY - ST - ZIP	CORONA DEL MAR, CA 92625	
5.1 TITLE	(DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FOR, KEITH R.	
5.3 STREET ADDRESS	40 LINDEN CIRCLE	
5.4 CITY - ST - ZIP	SCARBOROUGH, NY 10510	
6.1 TITLE	TREASURER & SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97

(209) 638-3544

Date Daytime Phone #

0608645

CR2E034 (9/96)