**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P14011

CANANDAIGUA BRANDS, INC.

									VIBIL BIBIL BIBIL A	HAN BORN INAL
Principal Place of Business Mailing Address										
300 WILLOWBROOK OFFICE PARK 300 WILLOWBROOK OFFICE PARK						ĺ				
FAIRPORT NY 14450		FAIRPORT NY 14450				ĺ	DO NOT WRITE IN THIS SPACE			
US US							3. Date Incorporated or Qualifed			
							04/13/1987			
2. Principal Place of Business 2a. Mailing A			g Address				4. FEI Number			plied For
21		26					16-0716709			t Applicable
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27					5. Certificate of Status Desired		Fee Re	quired
City & State		City & St	City & State			ľ	6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution	ليا	Added t	to Fees
Zip	Country	Zip		Country	1		8. This corporation owes the cur	rent year In	tangible	
24	25	29	30				Personal Property Tax.		Yes	⊠No
	9. Name and Address of Current	Registered Age	nt				10. Name and Address of New	Registered	Agent	
				* 81	Name					
CT CORPORATION SYSTEM				82	Stroot	Address	s (P.O. Box Number is Not Accep	table)		
1200 SOUTH PINE ISLAND RD.			62	211661	Audies	S (F.O. BOX Number is Not Accep	2010)			
PLANTATION FL 33324				83						-
				L	ļ					
				84	City			FL	85   Zip (	Code
44 5	to the provisions of Sections 607.0502	and 607 1508 E	Iorida Statutes t	he abov	e-named	cornors	ation submits this statement for the	nurnose of	f changing its	registered
office or r	egistered agent, or both, in the State c	of Florida. Such cl	hange was autho	rized by	tne corpo	oration	s board of directors. I hereby acce	pt the appo	intment as re	gistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 6	07.0505, Florida	Statutes	<b>3</b> .					
SIGNATURE			ANOTE: De-		at alamatura r	ranulend wi	nen reinstating)	DATE		<del></del>
	Signature, typed or printed name of registered agent OFFICERS AND		(NOTE: Regi	13.	nt signature i	equileu w	ADDITIONS/CHANGES TO O		ND DIRECTO	DRS IN 12
12.	PCEO		DELETE	1.1 TITLE		Ţ	ADDITIONO/CITATIONEO / C C		☐ Change	Addition
TITLE	SANDS, RICHARD	-	Joccete	1.2 NAME						_
NAME		ADV								
STREET ADDRESS	300 WILLOWBROOK OFFICE PA	AHN			TADDRESS					
CITY-ST-ZIP	FAIRPORT NY 14450		J. D. E. E. E. E.	1.4 CITY-5	ST-ZIP	FIVE			√ Change	Addition
TITLE	EVPS	L	DEFELE	2.1 TITLE		EVP	•		M cutange	
NAME	SANDS, ROBERT S.		Į	2.2 NAME						
STREET ADDRESS	300 WILLOWBROOK OFFICE P.	ark	1	2.3 STREE	TADORESS					
CITY-ST-ZIP	FAIRPORT NY 14450			2. 4 CITY-	ST-ZIP	ļ	7			- A 4491 ·
TITLE	SVP		DELETE	3.1 TITLE		1 '	/cro		Change	☐ Addition
NAME	SUMMER, THOMAS S.			3.2 NAME		(5)	r. V.P. and Chief Fina	icial Of	ricer)	
STREET ADDRESS	300 WILLOWBROOK OFFICE PA	ark		33 STREE	TADDRESS					
CITY-ST-ZIP	FAIRPORT NY 14450			3.4. CITY-	ST-ZIP					
TITLE	SVP		DELETE	4.1 TITLE					Change	☐ Addition
NAME	MURRAY, GEORGE H. JR.			4. 2 NAME						
STREET ADDRESS	300 WILLOWBROOK OFFICE PA	ARK		4.3 STREE	TADDRESS					
CITY-ST-ZIP	FAIRPORT NY 14450		Į	4.4 CITY-5	ST-ZIP					
TITLE	VPT		DELETE	5.1 TITLE		T		·	☐ Change	☐ Addition
NAME	HUMPHREY, PERRY R.			52 NAME						
***										

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 received of 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.

5.3 STREET ADDRESS

VPS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

300 WILLOWBROOK OFFICE PARK

300 WILLOWBROOK OFFICE PARK

FAIRPORT NY 14450

**FAIRPORT NY 14450** 

SORCE, DAVID S.

**VPAS** 

WE REQUIRED

DELETE

X Change

☐ Addition

**FILED** 

Secretary of State

03-09-1999 90053 018 \*\*\*150.00

Mar 09, 1999 8:00 am