

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2: 06

DOCUMENT # P16825 (2)

1. Corporation Name
ST. HELENA WINE COMPANY, INC.

Principal Place of Business Mailing Address
3027 SILVERADO TRL. 3027 SILVERADO TRL.
ST. HELENA CA 94574 ST. HELENA CA 94574

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/16/1987
3a. Date of Last Report 02/08/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 94-2345103	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

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

9. Name and Address of Current Registered Agent CARR, TIM 3700 COMMERCE PKWY PREMIER BEVERAGE CO. MIRAMAR 33025		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	
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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 of registrant. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	MCELEARNEY, KELLIE D. 255 COLD SPRINGS RD. ANGWIN CA	11 TITLE P/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME Duckhorn, Daniel J.	
STREET ADDRESS		13 STREET ADDRESS 516 Meadowood Lane	
CITY - ST - ZIP		14 CITY - ST - ZIP St. Helena, CA 94574	
TITLE V	RYAN, ALEX 345 NEWTON WY. ANGWIN CA	21 TITLE V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME Duckhorn, Margaret L.	
STREET ADDRESS		23 STREET ADDRESS 516 Meadowood Lane	
CITY - ST - ZIP		24 CITY - ST - ZIP St. Helena, CA 94574	
TITLE D	GATES, GARY 1993 RELIEZ VALLEY RD. LAFAYETTE CA	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE D	HART, BILL 100 GELDERT DR. TIBURON CA	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME Hart, Bill	
STREET ADDRESS		43 STREET ADDRESS 13 Peninsula Road	
CITY - ST - ZIP		44 CITY - ST - ZIP Belvedere, CA 94920	
TITLE D	CAIN, WILLIAM J. 5736 RIVERPOINT LANE PORTLAND OR	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(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 of this report, or on an attachment with an address.

SIGNATURE: Kellie D McElearney 3/3/95
SIGNATURE AND TYPE OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR