FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P16825** **(2)**

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

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

Mailing Address
3027 SILVERADO TRL.
ST. HELENA CA 94574

3. Date Incorporated or Qualified: **11/16/1987**
3a. Date of Last Report: **03/08/1995**

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

2a. Mailing Address
26 1000 Lodi Lane
Suite, Apt. #, etc.
27
City & State
28 St. Helena, CA
Zip 29 94574 Country 30

4. FEI Number: **94-2345103** 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
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

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: Registered Agent's signature required if filing alone. DATE

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	MCELEARNEY, KELLIE D.	
STREET ADDRESS	255 COLD SPRINGS RD.	
CITY-ST-ZIP	ANGWIN CA	
TITLE	V	☐ DELETE
NAME	RYAN, ALEX	
STREET ADDRESS	345 NEWTON WY.	
CITY-ST-ZIP	ANGWIN CA	
TITLE	D	☐ DELETE
NAME	GATES, GARY	
STREET ADDRESS	1993 RELIEZ VALLEY RD.	
CITY-ST-ZIP	LAFAYETTE CA	
TITLE	D	☐ DELETE
NAME	HART, BILL	
STREET ADDRESS	13 PENINSULA ROAD	
CITY-ST-ZIP	BELVEDERE CA	
TITLE	D	☐ DELETE
NAME	CAIN, WILLIAM J.	
STREET ADDRESS	5736 RIVERPOINT LANE	
CITY-ST-ZIP	PORTLAND OR	
TITLE	PTD	☐ DELETE
NAME	DUCKHORN, DANIEL J	
STREET ADDRESS	516 MEADOWOOD LANE	
CITY-ST-ZIP	ST. HELENA CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change	☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	☐ Change	☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	☐ Change	☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	☐ Change	☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	☐ Change	☐ Addition
62 NAME		
63 STREET ADDRESS		
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 if changed, or on an attachment with an address.

SIGNATURE: Margaret Duckhorn — 1/24/96 — 707/963-7108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
Margaret Duckhorn, V.P. Marketing/Sales

CR2E034 (12/95)