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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
3027 SILVERADO TRL. ST. HELENA CA 94574	1000 LODI LANE ST HELENA CA 94574-9713 US

3. Date Incorporated or Qualified: 11/16/1987
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business
21 1000 Lodi Lane
Suite, Apt. #, etc.
22
City & State
23 St. Helena, CA
Zip 24 94574 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 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 607.1508, 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	MCELEARNEY, KELLIE D.		1.2 NAME	Duckhorn, David	
STREET ADDRESS	255 COLD SPRINGS RD.		1.3 STREET ADDRESS	290 Sky Oaks Dr.	
CITY-ST-ZIP	ANGWIN CA		1.4 CITY-ST-ZIP	Angwin, CA 94508	
TITLE	V	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	RYAN, ALEX		2.2 NAME	Ryan, Alex	
STREET ADDRESS	345 NEWTON WY.		2.3 STREET ADDRESS	2475 Summit Lake Drive.	
CITY-ST-ZIP	ANGWIN CA		2.4 CITY-ST-ZIP	Angwin, CA 94508	
TITLE	D	☒ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	GATES, GARY		3.2 NAME	Duckhorn, Margaret	
STREET ADDRESS	1993 RELIEZ VALLEY RD.		3.3 STREET ADDRESS	516 Meadowood Lane	
CITY-ST-ZIP	LAFAYETTE CA		3.4 CITY-ST-ZIP	St. Helena, CA 94574	
TITLE	D	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	HART, BILL		4.2 NAME	Rinaldi, Tom	
STREET ADDRESS	13 PENINSULA ROAD		4.3 STREET ADDRESS	P.O. Box 11 (N/A)	
CITY-ST-ZIP	BELVEDERE CA		4.4 CITY-ST-ZIP	St. Helena, CA 94574	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CAIN, WILLIAM J.		5.2 NAME		
STREET ADDRESS	5736 RIVERPOINT LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORTLAND OR		5.4 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DUCKHORN, DANIEL J		6.2 NAME		
STREET ADDRESS	516 MEADOWOOD LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. HELENA CA		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ 3/6/97 707/963-7108