

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P16825 (2)
 1. Corporation Name
ST. HELENA WINE COMPANY, INC.



Principal Place of Business 1000 LODI LANE ST. HELENA CA 94574 US	Mailing Address 1000 LODI LANE ST HELENA CA 94574 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/16/1987		4. FEI Number 94-2345103		Applied For Not Applicable
2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
City & State 23	City & State 28	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Zip 24	Country 25	Zip 29	Country 30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARR, TM 3700 COMMERCE PKWY PREMIER BEVERAGE CO. MIRAMAR 33025				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 _____ DATE _____
Signature typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V MCELEARNEY, KELLIE D.	1.2 NAME	
STREET ADDRESS	255 COLD SPRINGS RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANGWIN CA	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V RYAN, ALEX	2.2 NAME	
STREET ADDRESS	2475 SUMMIT LAKE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANGWIN CA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V DUCKHORN, MARGARET	3.2 NAME	
STREET ADDRESS	516 MEADOWOOD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. HELENA CA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V RINALDI, TOM	4.2 NAME	
STREET ADDRESS	PO BOX 11 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. HELENA CA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V DUCKHORN, DAVID	5.2 NAME	
STREET ADDRESS	290 SKY OAKS DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANGWIN CA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PTD 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	

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 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 any attachment with an address.

SIGNATURE: *David G. Duckhorn* David G. Duckhorn 4/7/98 707/963-7108

CR2E034 (10/97)