FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P17702** **(2)**

1. Corporation Name

FETZER VINEYARDS INCORPORATED

Principal Place of Business

C/O GILBERT W. SEARCY, JR.
850 DIXIE HWY. P.O. BOX 1080
LOUISVILLE KY 40210-1038

Mailing Address

C/O GILBERT W. SEARCY, JR.
850 DIXIE HWY. P.O. BOX 1080
LOUISVILLE KY 40210-1038

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/20/1988	05/01/1994

4. FEI Number: 94-2458321 ☐ 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

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip 30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 this 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOLAN, PAUL E
STREET ADDRESS	1482 INEZ WAY
CITY-ST-ZIP	REDWOOD VALLEY CA
TITLE	SRVP
NAME	MELCHIORI, WILLIAM
STREET ADDRESS	8000 UVA DRIVE
CITY-ST-ZIP	REDWOOD VALLEY CA
TITLE	S
NAME	CRUTCHER, MICHAEL B
STREET ADDRESS	2406 GRETEN LANE
CITY-ST-ZIP	ANCHORAGE KY
TITLE	C
NAME	HIGGINS, DAVID W
STREET ADDRESS	3015 PIEDMONT DRIVE
CITY-ST-ZIP	LOUISVILLE KY
TITLE	AS
NAME	COX, GARRISON R
STREET ADDRESS	1717 EDENSIDE AVE.
CITY-ST-ZIP	LOUISVILLE KY
TITLE	D
NAME	STREET, WILLIAM
STREET ADDRESS	1416 WILLOW AVENUE
CITY-ST-ZIP	LOUISVILLE KY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition; blank)

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: Garrison R. Cox SECRETARY 4-10-95 502-585-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GARRISON R. COX

0479245 FP