

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P18638 (7)

1. Corporation Name

GUENOC WINERY, INC.



Principal Place of Business

21.000 BUTTS CANYON RD.  
MIDDLETOWN CA 95461

Mailing Address

21.000 BUTTS CANYON RD.  
MIDDLETOWN CA 95461

3. Date Incorporated or Qualified  
03/30/1988

3a. Date of Last Report  
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

13-3077410

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

10. Name and Address of New Registered Agent

MAGOON, MATTHEW  
1745 PALM COVE BLVD. #3-205  
DELRAY BEACH FL 33445

81 Name

CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 South Ave Island Rd.

83

84 City

Plantation

FL

85 Zip Code

33324

11. Pursuant to the provisions of Sections 607.0507 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

George C. Romero

George C. Romero  
Assistant Secretary

4/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME MAGOON, ORVILLE T.  
STREET ADDRESS 21,000 BUTTS CANYON RD.  
CITY-STATE-ZIP MIDDLETOWN CA

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE S  
NAME SCHOCHET, MICHAEL D.  
STREET ADDRESS 1132 BISHOP STREET, #1505  
CITY-STATE-ZIP HONOLULU HI

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE V  
NAME LEE, HOWARD  
STREET ADDRESS 1132 BISHOP STREET, #1505  
CITY-STATE-ZIP HONOLULU HI

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

Signature and Typed or Printed Name of Signing Officer or Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

408-521-2626

CR2E034 (12/95)