

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P20393

1. Corporation Name

RAYMOND VINEYARD & CELLAR, INCORPORATED

Principal Place of Business

849 ZINFANDEL LANE
ST. HELENA CA 94574

Mailing Address

849 ZINFANDEL LANE
ST. HELENA CA 94574

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90056 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1988

4. FEI Number

94-2684406

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

DICK, MEL
SOUTHERN WINE SPIRITS
1600 NW 163RD
MIAMI FL 33169

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

TITLE PD
NAME RAYMOND, ROY JR.
STREET ADDRESS 555 WHEELER WAY
CITY-ST-ZIP ST. HELENA CA

☐ DELETE

TITLE SD
NAME RAYMOND, WALTER
STREET ADDRESS 1522 CHABLIS CIRCLE
CITY-ST-ZIP ST. HELENA CA

☐ DELETE

TITLE D
NAME YAKASHITA, CHIKUHEI
STREET ADDRESS 35 VALLEY WEST CIRCLE
CITY-ST-ZIP NAPA CA

☒ DELETE

TITLE D
NAME SATO, YASUHIRO
STREET ADDRESS 2-12-4 MINAMI-NARUSE, MACHIDA-SHI
CITY-ST-ZIP TOKYO, JAPAN

☐ DELETE

TITLE D
NAME HATAKEYAMA, TSUNEJI
STREET ADDRESS 2257 FOX GLEN DRIVE
CITY-ST-ZIP FAIRFIELD CA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)