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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 9:54

DOCUMENT # P24396 (4)

1. Corporation Name
THE HOGUE CELLARS, LTD. - CORPORATION

Principal Place of Business	Mailing Address
LEE & MEADE RD. PROSSER WA 99350	LEE & MEADE RD. PROSSER WA 99350

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/18/1989
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 91-1294814 ☐ 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

CHOTAS, GEORGE
8443 GULF BLVD.,
APT. #C-10
NAVARRE BEACH FL 32561

10. Name and Address of New Registered Agent

81 Name: Bob Larkin - Pacific Southern Wine Company
82 Street Address (P.O. Box Number is Not Acceptable): 1460 S. E. 14th Court
83
84 City: Deerfield Beach FL 85 Zip Code: 33441

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: Robert N. Larkin — ROBERT N. LARKIN, JR. / V.P. — 1/27/95
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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HOGUE, GARY	1.2 NAME	
STREET ADDRESS	11005 SE 28 PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE WA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MCKIBBEN, NORMAN V.	2.2 NAME	
STREET ADDRESS	1244 FORREST LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WALLA WALLA WA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	TUCKER, KELLY	3.2 NAME	
STREET ADDRESS	208 N 21ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	YAKIMA WA	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	WOLFE, WADE	4.2 NAME	
STREET ADDRESS	413 NO 60 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	YAKIMA WA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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: Wade Wolfe — Wade Wolfe / Secretary — 1/11/95 — (509) 786-4557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0492887 FN