FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **05/18/1989**
3a. Date of Last Report: **02/09/1995**

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

2a. Mailing Address
26 P.O. Box 31
27 Street, Apt. #, etc.
28 City & State: Prosser, Wa.
29 Zip: 99350 30 Country: USA

4. FEI Number: ~~91-1294814~~ 91-1204814 ☐ 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

LARKIN, BOB - PACIFIC
1460 S E 14TH COURT
APT. #C-10
DEERFIELD BEACH FL 33441

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: Robert N. Larkin DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TYPE	P ☐ DELETE	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	
2 TYPE	V ☐ DELETE	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	
3 TYPE	T ☐ DELETE	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	
4 TYPE	S ☐ DELETE	4 1 TITLE	☒ Change ☐ Addition
NAME	WOLFE, WADE	4 2 NAME	S Wolfe, Wade
STREET ADDRESS	413 NO 60 AVE	4 3 STREET ADDRESS	117302 West McCreadie Road
CITY-ST-ZIP	YAKIMA WA	4 4 CITY-ST-ZIP	Prosser, Wa. 99350
5 TYPE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
6 TYPE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

CR2E034 (12/95)

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 added to the report, or an attachment with an address.

SIGNATURE: Wade Wolfe 1/24/96 (509) 786-4557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #