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FILED

Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

LEE & MEADE RD.
PROSSER WA 99350

Mailing Address

PO BOX 31
PROSSER WA 99350-0031
US



3. Date Incorporated or Qualified

05/18/1989

3a. Date of Last Report

02/13/1986

4. FEI Number

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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

LARKIN, BOB - PACIFIC
1480 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

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 | P | <input type="checkbox"/> DELETE |
| NAME | HOGUE, GARY | |
| STREET ADDRESS | 11005 SE 28 PL | |
| CITY - ST - ZIP | BELLEVUE WA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | MCKIBBEN, NORMAN V. | |
| STREET ADDRESS | 1244 FORREST LANE | |
| CITY - ST - ZIP | WALLA WALLA WA | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | TUCKER, KELLY | |
| STREET ADDRESS | 208 N 21ST | |
| CITY - ST - ZIP | YAKIMA WA | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | WOLFE, WADE | |
| STREET ADDRESS | 117302 WEST MCCREADIE ROAD Rd. | |
| CITY - ST - ZIP | PROSSER WA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|--|
| 11 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | Hogue, Gary | |
| 13 STREET ADDRESS | 23115 S.E. 44th Street | |
| 14 CITY - ST - ZIP | Issaquah, Wa. 98029 | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY - ST - ZIP | | |
| 31 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | Tucker, Kelly | |
| 33 STREET ADDRESS | 1849 Brevor Drive | |
| 34 CITY - ST - ZIP | Walla Walla, WA 99362 | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY - ST - ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY - ST - ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 CITY - ST - ZIP | | |

14. I do 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.

SIGNATURE:

Wade Wolfe

Wade Wolfe, Secretary

1/6/97

(509) 786-4557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0509412

CR2E034 (9/96)