

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90114 017 ***150.00

DOCUMENT # **P24396**

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
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1989

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

Nick Castiglione

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

940 Sweetwater Lane #318

83

84 City

Boca Raton

FL

85 Zip Code
33431

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]
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** ☐ DELETE

NAME **HOGUE, GARY**
STREET ADDRESS **23115 SE 44 ST**
CITY-ST-ZIP **ISSAQUAH WA**

TITLE **V** ☐ DELETE

NAME **MCKIBBEN, NORMAN V.**
STREET ADDRESS **1244 FORREST LANE**
CITY-ST-ZIP **WALLA WALLA WA**

TITLE **T** ☐ DELETE

NAME **HARLE, RONALD N**
STREET ADDRESS **200 ALTEEJEN RD**
CITY-ST-ZIP **ZILLAH WA**

TITLE **S** ☐ DELETE

NAME **WOLFE, WADE**
STREET ADDRESS **117302 W MCCREADIE ROAD**
CITY-ST-ZIP **PROSSER WA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

**553 Mountain View
Prosser, WA 99350**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wade Wolfe / Secretary

3/4/99 (509) 786-4557

Date

Daytime Phone #

0561188

CR2E034 (11/98)