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
95 JAN 25 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P26084** **(4)**

1. Corporation Name
KENWOOD VINEYARDS INCORPORATED

Principal Place of Business	Mailing Address
9592 SONOMA HIGHWAY P.O. BOX 447 KENWOOD CA 95452	9592 SONOMA HIGHWAY P.O. BOX 447 KENWOOD CA 95452

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/19/1989
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: 94-1719580 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MADDEN, PETER
16601 N.W 8TH AVE.
MIAMI FL 33169

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SHEELA, JOHN F.	1.2 NAME	
STREET ADDRESS	1090 BART RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SONOMA CA	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	☐ Change ☐ Addition
NAME	LEE, MARTIN	2.2 NAME	
STREET ADDRESS	2500 LONDON RANCH RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ELLEN CA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	KNOTT, KEIL	3.2 NAME	
STREET ADDRESS	17624 VINELAND CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTE SERENO CA	3.4 CITY-ST-ZIP	
TITLE	VAS	4.1 TITLE	☐ Change ☐ Addition
NAME	LEE, MIKE	4.2 NAME	
STREET ADDRESS	P.O. BOX 885	4.3 STREET ADDRESS	
CITY-ST-ZIP	KENWOOD CA	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: John F. Sheela JOHN F. SHEELA 1/12/95 (707)853-5871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402061 FP