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

1-2646-B-0334-C

DOCUMENT # **P26084** (4)

1. Corporation Name

KENWOOD VINEYARDS INCORPORATED

Principal Place of Business

9592 SONOMA HIGHWAY
P.O. BOX 447
KENWOOD CA 95452

Mailing Address

9592 SONOMA HIGHWAY
P.O. BOX 447
KENWOOD CA 95452

3. Date Incorporated or Qualified: **09/19/1989**

3a. Date of Last Report: **01/25/1995**

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

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **94-1719580** 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

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

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 of a New Registered Agent required if registered office is changed) NOTE: Registered Agent signature required when no address DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SHEELA, JOHN F.	
STREET ADDRESS	1090 BART RD	
CITY-ST-ZIP	SONOMA CA	
TITLE	VT	☐ DELETE
NAME	LEE, MARTIN	
STREET ADDRESS	2500 LONDON RANCH RD	
CITY-ST-ZIP	GLEN ELLEN CA	
TITLE	S	☐ DELETE
NAME	KNOTT, KEIL	
STREET ADDRESS	17624 VINELAND CT	
CITY-ST-ZIP	MONTE SERENO CA	
TITLE	VAS	☐ DELETE
NAME	LEE, MIKE	
STREET ADDRESS	P.O. BOX 885	
CITY-ST-ZIP	KENWOOD CA	
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		
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 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)(k), 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 hereinabove, or on an attachment with an address.

SIGNATURE: John F. Sheela — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1/17/96 Date — (707) 833-5891 Daytime Phone #

CR2E034 (12/95)