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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:48

DOCUMENT # P27518 (0)

1. Corporation Name
NAPA VALLEY SPECIALTY WINES INCORPORATED

Principal Place of Business	Mailing Address
211 WAPOO SUITE 101 NAPA CA 94515	211 WAPOO SUITE 101 NAPA CA 94515

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1989
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business
21 385 A LA FATA ST.
22 Suite, Apt. #, etc.
23 City & State: ST. HELENA, CA
24 Zip: 94574 25 Country: U.S.A.

2a. Mailing Address
26 385 A LA FATA ST.
27 Suite, Apt. #, etc.
28 City & State: ST. HELENA, CA
29 Zip: 94574 30 Country: U.S.A.

4. FEI Number: 68-0199854 ☐ 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

BYRNE, BILL, SR.
2467 S.E. 15TH STREET
POMPANO BEACH FL 33062

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when name changed)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COX, JAMES E.
STREET ADDRESS	19 FOREST DRIVE
CITY-ST-ZIP	NAPA CA
TITLE	VD
NAME	HARDY, FREDERIC MICHAEL
STREET ADDRESS	620 HARVEST LANE
CITY-ST-ZIP	ST. HELENA CA
TITLE	V
NAME	RONEY, PATRICK A.
STREET ADDRESS	3118 CONCORD WAY
CITY-ST-ZIP	LONGMONT CO
TITLE	VS
NAME	DOTY, RICK L.
STREET ADDRESS	P.O. BOX 6801 N.A.
CITY-ST-ZIP	SANTA ROSA CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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: James E. Cox 2-7-95 800-788-0212
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone Number
JAMES E. COX

0401023 FP