

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PH 3:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P30210 (9)

1. Corporation Name

RENAISSANCE VINEYARD & WINERY, INCORPORATED

Principal Place of Business

**P.O. BOX 1000
RENAISSANCE CA 95962**

Oregon House

Mailing Address

**P.O. BOX 1000
RENAISSANCE CA 95962**

Oregon House

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/17/1990

3a. Date of Last Report
05/01/1994

4. FEI Number
84-2493221

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WINES, LION FINE
762 SO. MILITARY TRAIL
DEERFIELD BEACH FL 33442**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

HEICK, HANNS

12585 RICE'S CROSSING RD

RENAISSANCE CA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

WERNER, DIANA

12585 RICE'S CROSSING RD

RENAISSANCE CA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

BIRRELL, DON

233 KENDAL STREET

VACAVILLE CA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

KEAHEY, JAMES

1960 BRIDGECREEK DRIVE

SACRAMENTO CA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

SKIDKER, STEVEN

1010 HURLEY WAY #280

SACRAMENTO CA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 if changed, or as an attachment with an address.

SIGNATURE:

Rodney Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODNEY CARTER

4-28-95

916 692 9000

Date

Original Filing #