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Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P30349

(5)

1. Corporation Name

BYRON VINEYARD & WINERY, INC.

Principal Place of Business

7801 ST. HELENA HWY.
ATTN: JOE DI VINCENZO
OAKVILLE CA 94562

Mailing Address

7801 ST. HELENA HWY.
ATTN: JOE DI VINCENZO
OAKVILLE CA 94562



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

3. Date Incorporated or Qualified

07/30/1990

3a. Date of Last Report

03/05/1996

4. FEI Number

94-3036477

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



9. Name and Address of Current Registered Agent

BOND, WILLIAM J.
12018 DUNMORE CT.
ORLANDO FL 32821

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME EVANS, GREGORY M.
STREET ADDRESS 3150 BROWNS VALLEY RD.
CITY-ST-ZIP NAPA CA

TITLE EVP ☐ DELETE

NAME ADAMS, CLIFFORD
STREET ADDRESS 1155 CAMINO VALLECITO
CITY-ST-ZIP LAFAYETTE CA

TITLE TAS ☐ DELETE

NAME GARASSINO, RAYMOND L. JR
STREET ADDRESS 1455 S. WHITEHALL LANE
CITY-ST-ZIP ST. HELENA CA

TITLE DCEO ☐ DELETE

NAME MONDAVI, R. MICHAEL
STREET ADDRESS 5593 SILVERADO TRAIL
CITY-ST-ZIP NAPA CA

TITLE DCEO ☐ DELETE

NAME MONDAVI, TIMOTHY J.
STREET ADDRESS 5645 SILVERADO TRAIL
CITY-ST-ZIP NAPA CA

TITLE D ☐ DELETE

NAME MONDAVI-BORGER, MARCIA
STREET ADDRESS 130 EAST END AVENUE
CITY-ST-ZIP NEW YORK NY 10028

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

D
ADAMS, CLIFFORD
1155 CAMINO VALLECITO
LAFAYETTE, CA

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 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:

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

1-13-97

Date

707-226-1395

Daytime Phone #

0528280

CR2E034 (9/96)