**PROFIT** CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherina Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000068940 1. Corporation Name

## FILED Mar 16, 1999 8:00 am **Secretary of State**

03-16-1999 90150 026 \*\*\*150.00

DNA WINES, INC. Principal Place of Business Mailing Address 1236 STH STREET SARASOTA EL 34236 1236 5TH STREET SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/03/1998 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0855344 Not Applicable 8382 S. Tamiami Trail 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Ba City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution Country 8. This corporation owes the current year Intangible **∏**Yes Personal Property Tax. 30 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent STEPHENSON, DANIEL P Street Address (P.O. Box Number Is Not Acceptable) 82 1236 5TH STREET SARASOTA FL 34236 83 Zip Code City 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. DATE SIGNATURE of registered against and the Fapplicable
OFFICERS AND DIRECTORS (NÖTE: Registered Agent signature re-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ Change President ☐ DELETE 1.1 IIILE TITLE Daniel P. Stephenson 1236 5th Street CR2E034 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS Savasota 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Secretar Anita H. Stephenson TITLE 2.2 NAME NAME 1,236 Stu Street 2.3 STREET ADDRESS STREET ADDRESS Savasota 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.t TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE 5 2 NAME 4.1 STREET ADDRESS STREET ADDRESS SACITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change DELETE me 8.2 NAME NAME 6.3 STREET ADORESS 6.4 CITY-ST-ZIP

14. I 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 an an attachment with an address, with all other like empowered.