في حدد المتمثلة في

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000079316

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90074 038 ***150.00

TALLTREE VINEYARDS, INC. Principal Place of Business Mailing Address 424 PANAY AVENUE 424 PANAY AVENUE NAPLES FL 34113 NAPLES FL 34113 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/08/1998 4. FEI Number Applied For 2a. Malling Address 2. Principal.Place of Business Not Applicable 26 21 8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5:00 May Be City & State Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation owes the current year Intangible Zip ☐ Yes Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RUDOLPH, MARK 82 Street Address (P.O. Box Number is Not Acceptable) 424 PANAY AVENUE NAPLES FL 34113 83 Zio Code 84 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. SIGNATURE CR2E034.(11/98) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13 Addition I RECTORS DELETE Change 1.1 TITLE me NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-20P CITY-ST-ZIF Addition ☐ Change DELETE 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADORES 2.4 CITY-ST-ZIP CITY-ST-ZE Addition ☐ Chance DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZEP. 3.4. CITY-ST-ZIP Addition Change DELETE 4.1 TILE 4.2 NAME 716)0 El Peters 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 51 TIDE TITLE 52 NAME 5.3 STREET ADDRESS STREET ADDRES 5.4 CITY+ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or this premier or trustee empowered to execute this report as required by Chamter 507. Florida Statutes; and that my name appears in Block 12 or Block 13 if ch

SIGNATURE

941-641-0001