

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 829335 (9)
1. Corporation Name
A. SMITH BOWMAN DISTILLERY, INCORPORATED



Principal Place of Business: **ONE BOWMAN DR. FREDERICKSBURG VA 22408-7318**
Mailing Address: **ONE BOWMAN DR. FREDERICKSBURG VA 22408-7318**

3. Date Incorporated or Qualified: **01/19/1973**
3a. Date of Last Report: **04/10/1995**
4. FEI Number: **54-0715022**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21, 22, 23, 24: Suite, Apt. #, etc.; City & State; Zip; Country
26, 27, 28, 29, 30: State, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

**SUTTON, FRANK
1111 KANE CONCOURSE SUITE 209
BAY HARBOR ISLANDS FL 33154**

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 607.1506, 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 hereby waiving the right to be heard on this matter in the State of Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: D	12.2 NAME: BOWMAN, MARY L	12.3 STREET ADDRESS: 1260 CREST LANE	12.4 CITY-STATE-ZIP: MCLEAN VA	<input type="checkbox"/> DELETE
12.5 TITLE: PD	12.6 NAME: ADAMS, JOHN B JR	12.7 STREET ADDRESS: CHIMNEYS	12.8 CITY-STATE-ZIP: THE PLAINS VA	<input type="checkbox"/> DELETE
12.9 TITLE: TV	12.10 NAME: BROWN, TIM S.	12.11 STREET ADDRESS: 115 BROADUS AVE.	12.12 CITY-STATE-ZIP: BOWLING GREEN VA	<input type="checkbox"/> DELETE
12.13 TITLE: CD	12.14 NAME: LEE, ROBERT E IV	12.15 STREET ADDRESS: 4304 TORCHLIGHT CIR.	12.16 CITY-STATE-ZIP: BETHESDA MD	<input type="checkbox"/> DELETE
12.17 TITLE: D	12.18 NAME: BOWMAN, HELEN P.	12.19 STREET ADDRESS: VANTAGE POINT	12.20 CITY-STATE-ZIP: THE PLAINS VA	<input type="checkbox"/> DELETE
12.21 TITLE: SD	12.22 NAME: TRAINUM, CHARES A., JR.	12.23 STREET ADDRESS: 2301 N. RICHMOND ST.	12.24 CITY-STATE-ZIP: ARLINGTON VA	<input type="checkbox"/> DELETE

13.1 TITLE: Secretary	13.2 NAME: Charles R. Youles	13.3 STREET ADDRESS: 1311 Caroline Street	13.4 CITY-STATE-ZIP: Fredericksburg, VA 22401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.5 TITLE:	13.6 NAME:	13.7 STREET ADDRESS:	13.8 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE:	13.10 NAME:	13.11 STREET ADDRESS:	13.12 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE:	13.14 NAME:	13.15 STREET ADDRESS:	13.16 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE:	13.18 NAME: Director	13.19 STREET ADDRESS: Charles A. Trainum, Jr.	13.20 CITY-STATE-ZIP: 2301 N. Richmond Street	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.21 TITLE:	13.22 NAME:	13.23 STREET ADDRESS:	13.24 CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the safe harbor status 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in a subsequent filing with an address.

SIGNATURE: *Charles R. Youles* Secretary 4/16/96 (540) 373-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)