

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/19/1973	3a. Date of Last Report 04/23/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 54-0715022	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, MARY L	1.2 NAME	
STREET ADDRESS	1260 CREST LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, JOHN B JR	2.2 NAME	
STREET ADDRESS	CHIMNEYS	2.3 STREET ADDRESS	
CITY-ST-ZIP	THE PLAINS VA	2.4 CITY-ST-ZIP	
TITLE	TV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, TIM S.	3.2 NAME	
STREET ADDRESS	115 BROADUS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN VA	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, ROBERT E IV	4.2 NAME	
STREET ADDRESS	4304 TORCHLIGHT CIR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, HELEN P.	5.2 NAME	
STREET ADDRESS	VANTAGE POINT	5.3 STREET ADDRESS	
CITY-ST-ZIP	THE PLAINS VA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAINUM, CHARES A., JR.	6.2 NAME	
STREET ADDRESS	2301 N. RICHMOND ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	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: *Sandra B. Mortham* **Secretary** 4/30/97 (540) 373-4555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)