

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

**FILED**  
**Feb 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>ONE BOWMAN DR.                  FREDERICKSBURG VA 22408-7318</b>	Mailing Address <b>ONE BOWMAN DR.                  FREDERICKSBURG VA 22408-7318</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/19/1973</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
21		26		4. FEI Number <b>54-0715022</b>	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SUTTON, FRANK</b> <b>1111 KANE CONCOURSE SUITE 209</b> <b>BAY HARBOR ISLANDS FL 33154</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWMAN, MARY L</b>	1.2 NAME	
STREET ADDRESS	<b>1260 CREST LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MCLEAN VA 22101</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, JOHN B JR</b>	2.2 NAME	
STREET ADDRESS	<b>CHIMNEYS</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>THE PLAINS VA 22171</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TV</b>	3.1 TITLE	<b>Executive Vice-President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, TIM S.</b>	3.2 NAME	
STREET ADDRESS	<b>115 BROADUS AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOWLING GREEN VA 22427</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CD</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, ROBERT E IV</b>	4.2 NAME	
STREET ADDRESS	<b>4304 TORCHLIGHT CIR.</b>	4.3 STREET ADDRESS	<b>4418 Chalfont Place</b>
CITY-ST-ZIP	<b>BETHESDA MD</b>	4.4 CITY-ST-ZIP	<b>Bethesda, MD 20816</b>
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWMAN, HELEN P.</b>	5.2 NAME	
STREET ADDRESS	<b>VANTAGE POINT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>THE PLAINS VA 22171</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRAINUM, CHARES A., JR.</b>	6.2 NAME	<b>Secretary/Treasurer</b>
STREET ADDRESS	<b>2301 N. RICHMOND ST.</b>	6.3 STREET ADDRESS	<b>Judith Davis Gifford, CPA</b>
CITY-ST-ZIP	<b>ARLINGTON VA</b>	6.4 CITY-ST-ZIP	<b>202 Courtland Lane</b> <b>Fredericksburg, Va. 22407</b>

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 on an attachment with an address.

SIGNATURE: *Judith Davis Gifford* **Secretary/Treasurer** / 1/9/98 540-373-4555 ext. 3331

CFR2E034 (10/97)