

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

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FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90041 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 829335

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 01/19/1973	4. FEI Number 54-0715022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<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
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

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWMAN, MARY L	
STREET ADDRESS	1260 CREST LANE	
CITY-ST-ZIP	MCLEAN VA 22101	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADAMS, JOHN B JR	
STREET ADDRESS	CHIMNEYS	
CITY-ST-ZIP	THE PLAINS VA 22171	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	BROWN, TIM S.	
STREET ADDRESS	115 BROADUS AVE.	
CITY-ST-ZIP	BOWLING GREEN VA 22427	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LEE, ROBERT E IV	
STREET ADDRESS	4418 CHALFONT PL	
CITY-ST-ZIP	BETHESDA MD 20816	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWMAN, HELEN P.	
STREET ADDRESS	VANTAGE POINT	
CITY-ST-ZIP	THE PLAINS VA 22171	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JUDITH DAVIS GIFFORD CPA	
STREET ADDRESS	802 COURTLAND LN	
CITY-ST-ZIP	FREDERICKSBURG VA 22407	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Judith Davis Gifford Date: 1/8/99 Daytime Phone #: 540-373-4555

CR2E034 (1/98)