FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # F93000005511 (1)

1. Corporation Name

EARLY TIMES DISTILLERS COMPANY

Principal Place of Business
P.O. BOX 1105
LOUISVILLE KY 40216-1105

Mailing Address
P.O. BOX 1105
LOUISVILLE KY 40216-1105

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 12/03/1993

3a. Date of Last Report: 04/26/1995

4. FEI Number: 61-0623164 — 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	REIDINGER, LEO N	
STREET ADDRESS	850 DIXIE HWY.	
CITY, ST, ZIP	LOUISVILLE KY 40210	
TITLE	SD	[ ] DELETE
NAME	COX, GARRISON R	
STREET ADDRESS	850 DIXIE HWY.	
CITY, ST, ZIP	LOUISVILLE KY 40210	
TITLE	D	[X] DELETE
NAME	THOMPSON, STEPHEN F	
STREET ADDRESS	850 DIXIE HWY.	
CITY, ST, ZIP	LOUISVILLE KY 40210	
TITLE	T	[ ] DELETE
NAME	HIGLEY, KAREN	
STREET ADDRESS	4006 BROOKFIELD	
CITY, ST, ZIP	LOUISVILLE KY	
TITLE	PD	[ ] DELETE
NAME	ZIMLICH JR., ALBERT L.	
STREET ADDRESS	6208 ORION ROAD	
CITY, ST, ZIP	LOUISVILLE KY	
TITLE	D	[ ] DELETE
NAME	RALPH RONALD L.	
STREET ADDRESS	2204 VILLAGE DRIVE	
CITY, ST, ZIP	LOUISVILLE KY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY, ST, ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY, ST, ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY, ST, ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY, ST, ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY, ST, ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY, ST, ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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: Garrison R. Cox Garrison R. Cox 3/3/96 502/585-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR