

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 # F95000004329 (7)

1. Corporation Name

THE VIKING DISTILLERY, INC.



Principal Place of Business

Mailing Address

1101 E. BROAD ST.
ALBANY GA 31705

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ALBANY GA 31705

3. Date Incorporated or Qualified

09/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 55 East Monroe

22 City & State

27 Suite 1700

23 Zip Country

28 Chicago, Illinois

24

29 60603

30

4. FEI Number

58-2173528

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 SOUTH PINE ISLAND ROAD
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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	GOODMAN, ELLIS M	
STREET ADDRESS	69 PARK AVE.	
CITY-STATE-ZIP	GLENCOE IL 60022	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARCROW, JAMES W	
STREET ADDRESS	102 CHURCHILL CIRCLE	
CITY-STATE-ZIP	LEESBURG GA 31763	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	MARDELL, FRED R	
STREET ADDRESS	990 N. LAKE SHORE DR.	
CITY-STATE-ZIP	CHICAGO IL 60611	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSTEIN, NORMAN R	
STREET ADDRESS	7736 W. ARCADIA	
CITY-STATE-ZIP	MORTON GROVE IL 60053	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERK, ALEXANDER L	
STREET ADDRESS	491 WASHINGTON ST.	
CITY-STATE-ZIP	GLENCOE IL 60022	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDEN, EDWARD L	
STREET ADDRESS	750 GREAT ELM LANE	
CITY-STATE-ZIP	HIGHLAND PARK IL 60035	

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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VS
3.3 STREET ADDRESS	Elizabeth Kutyla
3.4 CITY-STATE-ZIP	401 East Ontario
	Chicago, Illinois 60611
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TV
4.3 STREET ADDRESS	Raymond E. Powers
4.4 CITY-STATE-ZIP	4208 Hampton
	Western Springs, Illinois 60558
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 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:

Raymond E. Powers

Vice President

01/26/96

312-346-9200

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone: #

CR2E034 (12/95)