

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 04 1997 8:00am
Secretary of State

DOCUMENT # F95000004329 (7)

1. Corporation Name

THE VIKING DISTILLERY, INC.

Principal Place of Business

1101 E. BROAD ST.
ALBANY GA 31705

Mailing Address

55 E MONROE
SUITE 1700
CHICAGO IL 60603
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1995

3a. Date of Last Report

02/09/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PDC
GOODMAN, ELLIS M
STREET ADDRESS
69 PARK AVE.
CITY-ST-ZIP
GLENCOE IL 60022

TITLE ☒ DELETE

NAME
V
HARCROW, JAMES W
STREET ADDRESS
102 CHURCHILL CIRCLE
CITY-ST-ZIP
LEESBURG GA 31763

TITLE ☐ DELETE

NAME
VS
KUTYLA, ELIZABETH
STREET ADDRESS
401 E ONTARIO
CITY-ST-ZIP
CHICAGO IL

TITLE ☐ DELETE

NAME
TV
POWERS, RAYMOND E.
STREET ADDRESS
4208 HAMPTON
CITY-ST-ZIP
WESTERN SPRINGS IL

TITLE ☐ DELETE

NAME
D
BERK, ALEXANDER L
STREET ADDRESS
491 WASHINGTON ST.
CITY-ST-ZIP
GLENCOE IL 60022

TITLE ☐ DELETE

NAME
D
GOLDEN, EDWARD L
STREET ADDRESS
750 GREAT ELM LANE
CITY-ST-ZIP
HIGHLAND PARK IL 60035

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

NAME
V
Thomas A. Medley
STREET ADDRESS
2845 Sewell Mill Road
CITY-ST-ZIP
Marietta, Georgia 30062

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Raymond E. Powers

Raymond E. Powers 7/25/97 312-346-9200

CR2E034 (4/97)