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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 8:36

DOCUMENT # P19670 (9)

1. Corporation Name
WHITE ROCK DISTILLERIES, INC.

Principal Place of Business	Mailing Address
21 SARATOGA STREET P. O. BOX 1829 LEWISTON MA 04240 US	P.O. BOX 1829 P. O. BOX 1829 LEWISTON MA 04241-1829 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/16/1988
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:

City & State — 23: Lewiston ME
City & State — 28: Lewiston ME

Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 01-0231409 ☐ 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

COULOMBE, PAUL G
3241 MONTARA DR
BONITA SPRINGS FL 33923

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 607.1502 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 607.325, Florida Statutes.

SIGNATURE: [signature] Vice-President Marketing Jan. 27, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	☐ Change ☐ Addition
NAME	COULOMBE, RAYMOND R.	1.2 NAME	
STREET ADDRESS	50 CHARLES STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEWISTON ME	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	☐ Change ☐ Addition
NAME	COULOMBE, CECILE J.	2.2 NAME	
STREET ADDRESS	50 CHARLES STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEWISTON ME	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	☐ Change ☐ Addition
NAME	COULOMBE, DENNIS N.	3.2 NAME	
STREET ADDRESS	72 SHERBROOKE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEWISTON ME	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	☐ Change ☐ Addition
NAME	BISHOP, JANET M.	4.2 NAME	
STREET ADDRESS	27 CANDLEBERRY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURN ME	4.4 CITY-ST-ZIP	
TITLE	DVP	5.1 TITLE	☐ Change ☐ Addition
NAME	COULOMBE, ROLAND	5.2 NAME	
STREET ADDRESS	24 MAPLEWOOD RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEWISTON ME	5.4 CITY-ST-ZIP	
TITLE	DVP	6.1 TITLE	☐ Change ☐ Addition
NAME	COULOMBE, PAUL G.	6.2 NAME	
STREET ADDRESS	12 FLINTROCK DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SCARBOROUGH ME	6.4 CITY-ST-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)(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: [signature] President & Treasurer Jan.27, 1995 207-783-1433
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0403011 FN