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 # **P19670** **(9)**

1. Corporation Name

WHITE ROCK DISTILLERIES, INC.

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

3. Date Incorporated or Qualified: **06/16/1988**

3a. Date of Last Report: **01/31/1995**

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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 section(s) 607.0502 and 607.0508, 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. The 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 _____ Vice President Marketing April 3, 1996

Signature, typed or printed name of registered agent and date required (NOTE: Registered Agent's signature required when changing) TITLE DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	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	☐ DELETE	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	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	COULOMBE, DENNIS N.		3.2 NAME		
STREET ADDRESS	72 SHERBROOKE AVE.		3.3 STREET ADDRESS	2 Birchwood Circle	
CITY-ST-ZIP	LEWISTON ME		3.4 CITY-ST-ZIP	Falmouth, ME	
TITLE	DVP	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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		

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)(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: _____ President & Treasurer 207-783-1433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #