

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P19670** (9)  
1. Corporation Name  
**WHITE ROCK DISTILLERIES, INC.**



Principal Place of Business <b>21 SARATOGA STREET P. O. BOX 1829 LEWISTON ME 04240 US</b>	Mailing Address <b>P.O. BOX 1829 P. O. BOX 1829 LEWISTON ME 04241-1829 US</b>
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3. Date Incorporated or Qualified <b>06/16/1988</b>	3a. Date of Last Report <b>04/11/1996</b>
4. FEI Number <b>01-0231409</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	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 \_\_\_\_\_ (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	
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	
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	
NAME	COULOMBE, DENNIS N.	3.2 NAME	
STREET ADDRESS	2 BIRCHWOOD CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FALMOUTH ME	3.4 CITY - ST - ZIP	
TITLE	DVP	4.1 TITLE	
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	
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	
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 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 4/16/97 207-783-1433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)