

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

**FILED**  
**Jan 17 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 # 814956 (9)**  
 1. Corporation Name  
**THE COCA-COLA COMPANY**



Principal Place of Business <b>ONE COCA-COLA PLAZA, NW                  C/O TAX DEPT., P.O. DRAWER 1734 NAT 1148                  ATLANTA GA 30313-2419</b>	Mailing Address <b>ONE COCA-COLA PLAZA, NW                  C/O TAX DEPT., P.O. DRAWER 1734 NAT 1148                  ATLANTA GA 30313-2420</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/03/1961</b>	3a. Date of Last Report <b>04/02/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>58-0628465</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
81. Name				85. Zip Code			
82. Street Address (P.O. Box Number is Not Acceptable)				FL			
83.							
84. City							

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	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOIZUETA, ROBERTO C</b>	1.2 NAME	
STREET ADDRESS	<b>ONE COCA-COLA PLAZA, NW</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	1.4 CITY-ST-ZIP	<b>Atlanta, GA 30313</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>SRVP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, RALPH H</b>	2.2 NAME	
STREET ADDRESS	<b>ONE COCA-COLA PLAZA, NW</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	2.4 CITY-ST-ZIP	<b>Atlanta, GA 30313</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>SRVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAFT, DOUGLAS N</b>	3.2 NAME	
STREET ADDRESS	<b>ONE COCA-COLA PLAZA, NW</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	3.4 CITY-ST-ZIP	<b>Atlanta, GA 30313</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VPC</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUY, ROBERT D</b>	4.2 NAME	<b>Whaley, Steve M.</b>
STREET ADDRESS	<b>ONE COCA-COLA PLAZA, NW</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	4.4 CITY-ST-ZIP	<b>Atlanta, GA 30313</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>AV</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HURSTON, DALLAS A</b>	5.2 NAME	
STREET ADDRESS	<b>ONE COCA-COLA PLAZA, NW</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	5.4 CITY-ST-ZIP	<b>Atlanta, GA 30313</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAW, SUSAN E</b>	6.2 NAME	
STREET ADDRESS	<b>ONE COCA-COLA PLAZA, NW</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	6.4 CITY-ST-ZIP	<b>Atlanta, GA 30313</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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, in an attachment with an address.

SIGNATURE: Steve M. Whaley **Steve M. Whaley** / 10 / 97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)