

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 # 855021 (2)
 1. Corporation Name

FLORIDA COCA-COLA BOTTLING COMPANY



Principal Place of Business: ONE COCA-COLA PLAZA, N.W. P.O. BOX 1778 - CCE TAX DEPT. ATLANTA GA 30313 US
 Mailing Address: 2500 WINDY RIDGE PARKWAY SUITE#11031 ATLANTA GA 30339 US

2. Principal Place of Business: 21 2500 Windy Ridge Parkway Suite, Apt. #, etc. #11031 City & State: 22 Atlanta, GA Zip: 24 30339 Country: 25 USA
 2a. Mailing Address: 26 P.O. Box 723040 Suite, Apt. #, etc. Tax Department, #11031 City & State: 27 Atlanta, GA Zip: 29 31139-0040 Country: 30 USA

3. Date Incorporated or Qualified: 12/20/1982 3a. Date of Last Report: 04/20/1995
 4. FEI Number: 59-0246030 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 [X]

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM 1200 S. 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): 200001809172 -05/06/96--01035--017 ***200.00 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] Signature typed or printed name of registered agent or director (applicable)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHIMBERG, HENRY A	
STREET ADDRESS	COCA-COLA PLAZA, NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALM, JOHN R	
STREET ADDRESS	COCA-COLA PLAZA, NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	JOHNSTON, SUMMERFIELD K JR.	
STREET ADDRESS	COCA-COLA PLAZA, NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HEINRICH, JOSEPH D	
STREET ADDRESS	COCA-COLA PLAZA, NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROMAN, VICKI G	
STREET ADDRESS	COCA-COLA PLAZA, NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	GSC	<input type="checkbox"/> DELETE
NAME	KLINE, LOWRY F.	
STREET ADDRESS	COCA-COLA PLAZA NW	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2500 Windy Ridge Parkway
14 CITY-ST-ZIP	Atlanta, GA 30339
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	2500 Windy Ridge Parkway
24 CITY-ST-ZIP	Atlanta, GA 30339
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	2500 Windy Ridge Parkway
34 CITY-ST-ZIP	Atlanta, GA 30339
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Vice President
43 STREET ADDRESS	Michael P. Coghlan and Bernice H. Winter
44 CITY-ST-ZIP	2500 Windy Ridge Parkway
45 CITY-ST-ZIP	Atlanta, GA 30339
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	2500 Windy Ridge Parkway
54 CITY-ST-ZIP	Atlanta, GA 30339
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	2500 Windy Ridge Parkway
64 CITY-ST-ZIP	Atlanta, GA 30339

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 19.07(3)(k), 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Bernice H. Winter, Vice President

4-10-96 770-989-3030

CR2E034 (12/95)