

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 4:09

DOCUMENT # **P29937** (0)

1. Corporation Name

ATLANTA PROVISION COMPANY, INC.

Principal Place of Business

1400 WEST MARIETTA STREET, N.W.
ATLANTA GA 30318

Mailing Address

1400 WEST MARIETTA STREET, N.W.
ATLANTA GA 30318

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/26/1990** 3a. Date of Last Report **06/07/1994**

4. FEI Number **58-0901077** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fes 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME COGGINS, MIKE
STREET ADDRESS 1400 W. MARIETTA ST., NW
CITY- ST- ZIP ATLANTA GA

1.1 TITLE Change Addition
1.2 NAME **S SCOT MESWALD**
1.3 STREET ADDRESS **111 E. WISCONSIN**
1.4 CITY- ST- ZIP **MILWAUKEE, WI**

TITLE VP
NAME HUNTSINGER, MICHAEL H
STREET ADDRESS 1400 W. MARIETTA ST., NW
CITY- ST- ZIP ATLANTA GA

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE SD
NAME FISHER, RICHARD Y.
STREET ADDRESS 111 E. WISCONSIN AVE.
CITY- ST- ZIP MILWAUKEE WI

3.1 TITLE **D (ONLY)** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE VCFO
NAME ZEMAN, ROBERT J
STREET ADDRESS 1400 W. MARIETTA ST., NW
CITY- ST- ZIP ATLANTA GA

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE T
NAME ZEMAN, ROBERT J
STREET ADDRESS 1400 W. MARIETTA ST., NW
CITY- ST- ZIP ATLANTA GA

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS **DUPLICATE OF**
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change Addition
6.2 NAME **VP BARRY HARP**
6.3 STREET ADDRESS **1400 W. MARIETTA ST**
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 110.07(3)(a), Florida Statutes. I further certify that the information included in 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, director, or shareholder 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 of this report, or on an attachment with an addition.

SIGNATURE:

Robert J. Zeman
ROBERT J. ZEMAN
CVP/VCFO

1/12/95 404799 0099
Wayne P. Vane

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Principal Place of Business Mailing Address
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/26/1990	3a. Date of Last Report 06/07/1994
4. FEI Number 58-0901077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COGGINS, MIKE
STREET ADDRESS	1400 W. MARIETTA ST., NW
CITY - ST - ZIP	ATLANTA GA
TITLE	VP
NAME	HUNTSINGER, MICHAEL H
STREET ADDRESS	1400 W. MARIETTA ST., NW
CITY - ST - ZIP	ATLANTA GA
TITLE	SD
NAME	FISHER, RICHARD Y.
STREET ADDRESS	111 E. WISCONSIN AVE.
CITY - ST - ZIP	MILWAUKEE WI
TITLE	VCFO
NAME	ZEMAN, ROBERT J
STREET ADDRESS	1400 W. MARIETTA ST., NW
CITY - ST - ZIP	ATLANTA GA
TITLE	T
NAME	ZEMAN, ROBERT J
STREET ADDRESS	1400 W. MARIETTA ST., NW
CITY - ST - ZIP	ATLANTA GA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCOTT MEDWALD	
1.3 STREET ADDRESS	111 E. WISCONSIN	
1.4 CITY - ST - ZIP	MILWAUKEE, WI	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D (ONLY)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	DUPPLICATE OF	
5.4 CITY - ST - ZIP		
6.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BARRY HARP	
6.3 STREET ADDRESS	1400 W. MARIETTA ST	
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 110.07(3)(k), Florida Statutes. I further certify that the information included in 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 checked, or on an attachment with an address.

SIGNATURE: Robert J. Zeman **ROBERT J. ZEMAN** (VP/CEO) 1/12/95 4047890099
DATE: _____ DAYTIME PHONE: _____