FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAR 22 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0

DOCUMENT # 125303 (8)

1. Corporation Name

PANAMA CITY COCA COLA BOTTLING COMPANY

Principal Place of Business
1900 REXFORD ROAD
P.O. BOX 31487
CHARLOTTE NC 28211

Mailing Address
1900 REXFORD ROAD
P.O. BOX 31487
CHARLOTTE NC 28211

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 01/01/1931

3a. Date of Last Report: 03/30/1994

4. FEI Number: 59-0391380 ☐ 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

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 ____________________
Signature, typed or printed name of registered agent and title if applicable   NOTE: Registered Agent signature required when reinstating   Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOORE, JAMES L.
STREET ADDRESS	1900 REXFORD ROAD
CITY-ST-ZIP	CHARLOTTE NC
TITLE	CD
NAME	HARRISON III, J. FRANK
STREET ADDRESS	1900 REXFORD ROAD
CITY-ST-ZIP	CHARLOTTE NC
TITLE	S
NAME	HENRY, JOHN F. JR.
STREET ADDRESS	1100 AMERICAN NATIONAL BANK
CITY-ST-ZIP	CHATTANOOGA TN
TITLE	T
NAME	SINGER, DAVID V.
STREET ADDRESS	1900 REXFORD RD.
CITY-ST-ZIP	CHARLOTTE NC
TITLE	V
NAME	JACKSON, BRENDA
STREET ADDRESS	1900 REXFORD RD.
CITY-ST-ZIP	CHARLOTTE NC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	☒ Change ☐ Addition
4.2 NAME	SINGER, DAVID V.	
4.3 STREET ADDRESS	1900 REXFORD ROAD	
4.4 CITY-ST-ZIP	CHARLOTTE, NC 28211	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V	☐ Change ☒ Addition
6.2 NAME	UMESH M. KASBEKAR	
6.3 STREET ADDRESS	1900 REXFORD ROAD	
6.4 CITY-ST-ZIP	CHARLOTTE, NC 28211	3/24

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: Brenda B. Jackson BRENDA B. JACKSON MAR 09 1995 704-551-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CORPORATION ANNUAL REPORT - STATE OF FLORIDA
DOCUMENT # 125303 (8)
PANAMA CITY COCA-COLA BOTTLING COMPANY

ATTACHMENT

OTHER PRINCIPAL OFFICERS:

TITLE	V
NAME	WESTPHAL, STEVEN D.
STREET AD	1900 REXFORD RD.
CITY-ST-ZIP	CHARLOTTE, NC 28211

TITLE	V
NAME	SNIPES, ROBBIE G.
STREET AD	1900 REXFORD RD.
CITY-ST-ZIP	CHARLOTTE, NC 28211

ASSISTANT SECRETARIES:

PATRICIA A. GILL	1900 REXFORD RD. CHARLOTTE,NC 28211
GEOFFREY G. YOUNG	1900 REXFORD RD. CHARLOTTE,NC 28211
RALPH M.KILLEBREW, JR.	1900 REXFORD RD. CHARLOTTE,NC 28211
JEAN H. PARKER	1900 REXFORD RD. CHARLOTTE,NC 28211
SUSAN D. HARDIN	1900 REXFORD RD. CHARLOTTE,NC 28211

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1995

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **153520** **(2)**

1. Corporation Name
A.D.D. INVESTMENT AND CATTLE CO.

Principal Place of Business
5050 EDGEWOOD CT
JACKSONVILLE FL ~~32205~~

Mailing Address
5050 EDGEWOOD CT
JACKSONVILLE FL ~~32205~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1947
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-6078065 ☐ 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
21
Suite, Apt #, etc
22
City & State
23
Zip
24 32254
Country
25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip
29 32254
Country
30

9. Name and Address of Current Registered Agent

SKELTON, H.J.
5050 EDGEWOOD COURT
JACKSONVILLE FL ~~32205~~
32254

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
Signature, typed or printed name of registered agent and title if applicable | Date

12. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	DAVIS, A D
STREET ADDRESS	5050 EDGEWOOD COURT
CITY ST ZIP	JACKSONVILLE FL
TITLE	VDAS
NAME	DAVIS, ROBERT D
STREET ADDRESS	5050 EDGEWOOD COURT
CITY ST ZIP	JACKSONVILLE FL
TITLE	ATS
NAME	BISHOP, G.P., JR.
STREET ADDRESS	5050 EDGEWOOD COURT
CITY ST ZIP	JACKSONVILLE FL
TITLE	VTD
NAME	SKELTON, H.J.
STREET ADDRESS	5050 EDGEWOOD COURT
CITY ST ZIP	JACKSONVILLE FL
TITLE	VAS
NAME	FRANCIS, H. D.
STREET ADDRESS	5050 EDGEWOOD COURT
CITY ST ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

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3/30/95
MB

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(1)(a), 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: G.P. Bishop Jr. G.P.Bishop, Jr. 3-6-95 (904) 783-5314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #