

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 122918 (6)

1. Corporation Name

HYGEIA COCA-COLA BOTTLING COMPANY

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**COCA-COLA PLAZA, NW
PO BOX 1778 - CCE TAX DEPT
ATLANTA GA 30301
US**

**2500 WINDY RIDGE PKWY
11031
MARIETTA GA 30067
US**

3. Date Incorporated or Qualified

09/01/1930

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0301600

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

2a. Mailing Address

21 One Coca-Cola Plaza, NW

26 2500 Windy Ridge Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 #11031

City & State

City & State

23 Atlanta, GA

28 Atlanta, GA

Zip

Country

Zip

Country

24 30313

29 30339

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	SCHIMBERG, HENRY A
STREET ADDRESS	COCA-COLA PLAZA, NW
CITY - ST - ZIP	ATLANTA GA
TITLE	SVP
NAME	ALM, JOHN R.
STREET ADDRESS	COCA-COLA PLAZA NW
CITY - ST - ZIP	ATLANTA GA
TITLE	VC
NAME	WINTER, BERNICE H
STREET ADDRESS	COCA-COLA PLAZA W.
CITY - ST - ZIP	ATLANTA GA
TITLE	VP
NAME	HEINRICH, JOSEPH
STREET ADDRESS	COCA-COLA PLAZA, NW
CITY - ST - ZIP	ATLANTA GA
TITLE	GCS
NAME	KLINE, LOWRY F
STREET ADDRESS	COCA-COLA PLAZA, NW
CITY - ST - ZIP	ATLANTA GA
TITLE	T
NAME	ROMAN, VICKI G
STREET ADDRESS	COCA COLA PLAZA, NW
CITY - ST - ZIP	ATLANTA GA

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input 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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information furnished with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on a checkmark, with an address.

SIGNATURE

Joseph D. Heinrich

4-17-95

404-989-3030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President