

**NOTE 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

**200001787942**  
-04/22/96--01015--012  
\*\*\*200.00

**DOCUMENT # 122918 (6)**

1. Corporation Name  
**HYGEIA COCA-COLA BOTTLING COMPANY**



Principal Place of Business  
**ONE COCA-COLA PLAZA, N.W.  
PO BOX 1778 - CCE TAX DEPT  
ATLANTA GA 30313  
US**

Mailing Address  
**2500 WINDY RIDGE PARKWAY  
SUITE#11031  
ATLANTA GA 30339  
US**

3. Date Incorporated or Qualified **09/01/1930**      3a. Date of Last Report **04/20/1995**

4. FEI Number **59-0301600**      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 **2500 Windy Ridge Parkway**  
Suite, Apt. #, etc. **11031**  
City & State **Atlanta, GA**  
Zip **30339**      Country **USA**

2a. Mailing Address  
26 **P.O. Box 723040**  
Suite, Apt. #, etc. **Tax Department, #11031**  
City & State **Atlanta, GA**  
Zip **31139-0040**      Country **USA**

**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 of the Current Registered Agent (Print Name)

Signature of the New Registered Agent (Print Name)

DATE

**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	SVP	<input type="checkbox"/> DELETE
NAME	ALM, JOHN R.	
STREET ADDRESS	COCA-COLA PLAZA NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	WINTER, BERNICE H	
STREET ADDRESS	COCA-COLA PLAZA W.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HEINRICH, JOSEPH	
STREET ADDRESS	COCA-COLA PLAZA, NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	GCS	<input type="checkbox"/> DELETE
NAME	KLINE, LOWRY F	
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	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2500 Windy Ridge Parkway
1.4 CITY-ST-ZIP	Atlanta, GA 30339
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2500 Windy Ridge Parkway
2.4 CITY-ST-ZIP	Atlanta, GA 30339
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2500 Windy Ridge Parkway
3.4 CITY-ST-ZIP	Atlanta, GA 30339
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vice President
4.3 STREET ADDRESS	Michael P. Coghlan
4.4 CITY-ST-ZIP	2500 Windy Ridge Parkway
4.5 CITY-ST-ZIP	Atlanta, GA 30339
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2500 Windy Ridge Parkway
5.4 CITY-ST-ZIP	Atlanta, GA 30339
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	2500 Windy Ridge Parkway
6.4 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 119.07(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:** *Bernice H. Winter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Bernice H. Winter, Vice President**

4-10-96      770-989-3030  
Date      Daytime Phone #

CR2E034 (12/95)