

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**



2. Principal Place of Business

21 2500 Windy Ridge Parkway

2a. Mailing Address

26 P.O. Box 723040

Suite, Apt. #, etc.

22 11031

Suite, Apt. #, etc.

27 Tax Department, #11031

City & State

23 Atlanta, GA

City & State

28 Atlanta, GA

Zip

24 30339

Country

25 USA

Zip

29 31139-0040

Country

30 USA

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

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 new registered agent, and date of signature

Signature, typed or printed name of registered agent, and date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
DP	SCHIMBERG, HENRY A	COCA-COLA PLAZA, NW	ATLANTA GA	<input type="checkbox"/>
SVP	ALM, JOHN R.	COCA-COLA PLAZA NW	ATLANTA GA	<input type="checkbox"/>
VC	WINTER, BERNICE H	COCA-COLA PLAZA W.	ATLANTA GA	<input type="checkbox"/>
VP	HEINRICH, JOSEPH	COCA-COLA PLAZA, NW	ATLANTA GA	<input checked="" type="checkbox"/>
GCS	KLINE, LOWRY F	COCA-COLA PLAZA, NW	ATLANTA GA	<input type="checkbox"/>
T	ROMAN, VICKI G	COCA COLA PLAZA, NW	ATLANTA GA	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernice H. Winter, Vice President

4-10-96

770-989-3030

Day

Daytime Phone #

CR2E034 (12/95)