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

RECEIVED AND FILED
95 APR 21 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 161548 **(3)**

1. Corporation Name
MINUTE MAID CORPORATION

Principal Place of Business	Mailing Address
ONE COCA-COLA PLAZA, NW P O DRAWER 1734, NAT-1148 ATLANTA GA 30301	ONE COCA-COLA PLAZA, NW P O DRAWER 1734, NAT-1148 ATLANTA GA 30301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/15/1950
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); County (30)

4. FEI Number: 59-6066398 ☐ 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	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPD	11 TITLE		☐ Change ☐ Addition
NAME	HAAS, TIMOTHY J	12 NAME		
STREET ADDRESS	P O BOX 2079, N/A	13 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	CHESTNUT, JAMES E.	22 NAME	Gary P. Fayard	
STREET ADDRESS	ONE COCA-COLA PLAZA, NW	23 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 0	24 CITY-ST-ZIP		
TITLE	VTD	31 TITLE		☒ Change ☐ Addition
NAME	STAHL, JACK L	32 NAME	James E. Chestnut	
STREET ADDRESS	ONE COCA-COLA PLAZA, NW	33 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP		
TITLE	GAS	41 TITLE	Assistant Treasurer	☒ Change ☐ Addition
NAME	CUTLER, HARRIS O	42 NAME	Steve M. Whaley	
STREET ADDRESS	P O BOX 2079, N/A	43 STREET ADDRESS	One Coca-Cola Plaza, NW.	
CITY-ST-ZIP	HOUSTON, TX 00000	44 CITY-ST-ZIP	Atlanta, Ga 30313	
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	SHAW, SUSAN E	52 NAME		
STREET ADDRESS	ONE COCA-COLA PLAZA, NW	53 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP		
TITLE	CFO	61 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, HUGH W, III	62 NAME		
STREET ADDRESS	ONE COCA-COLA PLAZA	63 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	64 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 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: Steve Whaley 4/13/95 404-676-3043
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000666 FP