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Mar 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000005868 (5)**

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



Principal Place of Business <b>1209 ORANGE ST. WILMINGTON DE 19801</b>	Mailing Address <b>1209 ORANGE ST. WILMINGTON DE 19801-1120</b>
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3. Date Incorporated or Qualified <b>12/27/1993</b>	3a. Date of Last Report <b>02/20/1996</b>
4. FEI Number <b>58-1656543</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JAMES L	1.2 NAME	
STREET ADDRESS	1900 REXFORD RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28211	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, DAVID V	2.2 NAME	
STREET ADDRESS	1900 REXFORD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASBEKAR, UMESH	3.2 NAME	
STREET ADDRESS	1900 REXFORD RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28211	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTPHAL, STEVEN D	4.2 NAME	
STREET ADDRESS	1900 REXFORD RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28211	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIPES, ROBBIE	5.2 NAME	
STREET ADDRESS	1900 REXFORD RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28211	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, JOHN F JR	6.2 NAME	
STREET ADDRESS	1100 AMERICAN NATIONAL BANK BLDG	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: T. Fred Melt T. Fred Melt, Vice President 3/20/97 704-551-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006361

CR2E034 (9/96)

**CORPORATION ANNUAL REPORT - STATE OF FLORIDA  
DOCUMENT # F93000005868 (5)  
COLUMBUS COCA-COLA BOTTLING COMPANY**

**ATTACHMENT**

**OTHER PRINCIPAL OFFICERS:**

TITLE V  
NAME MELTON, T. FRED  
STREET ADDRESS 1900 REXFORD RD.  
CITY-ST-ZIP CHARLOTTE, NC 28211

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

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

TITLE V  
NAME ELMORE, WILLIAM B.  
STREET ADDRESS 1900 REXFORD RD.  
CITY-ST-ZIP CHARLOTTE, NC 28211

**ASSISTANT SECRETARIES:**

PATRICIA A. GILL  
GEOFFREY G. YOUNG  
RALPH M. KILLEBREW, JR.  
JEAN H. PARKER  
SUSAN D. HARDIN

1900 REXFORD RD. CHARLOTTE, NC 28211  
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