

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F95000002824 (9)  
1. Corporation Name  
PEPSI-COLA METROPOLITAN BOTTLING COMPANY INC.



Principal Place of Business  
C/O PEPSI-COLA COMPANY  
ONE PEPSI WAY  
SOMERS NY 10589-2201

Mailing Address  
C/O PEPSI-COLA COMPANY  
ONE PEPSI WAY  
SOMERS NY 10589-2201

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified 06/12/1995	
4. FEI Number 13-1584303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	BARNES, BRENDA C.	1.2 NAME	Craig D. Jung
STREET ADDRESS	ONE PEPSI WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERS NY	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	TVD
NAME	BRIDGMAN, PETER A	2.2 NAME	
STREET ADDRESS	ONE PEPSI WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERS NY 10589-2201	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	BOYLE, JOHN F	3.2 NAME	
STREET ADDRESS	ONE PEPSI WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERS NY 10589-2201	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	D
NAME	JOHN T CAHILL	4.2 NAME	Philip A. Marineau
STREET ADDRESS	ONE PEPSI WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERS NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WHELESS, MARK L	5.2 NAME	Gary K. Wandschneider
STREET ADDRESS	ONE PEPSI WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERS NY 10589-2201	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	MUELLER, CHARLES F.	6.2 NAME	
STREET ADDRESS	1 PEPSI WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERS NY	6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)