FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

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

1996 5-17-96 B-68506 C

DOCUMENT # P94000050911 (4)

1. Corporation Name

SODA, INC.

Principal Place of Business	Mailing Address
2013 HWY 82 W TIFTON GA 31794 US	P.O. BOX 7506 TIFTON GA 3193 US

3. Date Incorporated or Qualified: 07/05/1994	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3255119	☐ 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	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HANSON, KARL B JR.
50 N. LAURA ST., STE. 2800
JACKSONVILLE FL 32202

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 _____ DATE _____
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS		
TITLE	C	☐ DELETE
NAME	DAVIS, A DANO	
STREET ADDRESS	5050 EDGEWOOD CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	☐ DELETE
NAME	SODERQUIST, KENNETH A	
STREET ADDRESS	2013 HWY 82 WEST	
CITY-ST-ZIP	TIFTON GA 31794	
TITLE	V	☐ DELETE
NAME	SNODGRASS, ROBERT F JR.	
STREET ADDRESS	10231 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32225-9977	
TITLE	V	☐ DELETE
NAME	SKELTON, H. JAY	
STREET ADDRESS	5050 EDGEWOOD CT.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	STR	☐ DELETE
NAME	BLACKER, WALTER I	
STREET ADDRESS	10231 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32225-9977	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: _____ 5-14-96 912-382-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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