

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

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000050911 (4)

1. Corporation Name
SODA, INC.



Principal Place of Business

2013 HWY 82 W
TIFTON GA 31794
US

Mailing Address

P.O. BOX 7506
TIFTON GA 31793-7506
US

3. Date Incorporated or Qualified
07/05/1994

3a. Date of Last Report
05/17/1996

2. Principal Place of Business

21 10231 ATLANTIC BLVD

2a. Mailing Address

26 10231 ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JACKSONVILLE, FL

City & State

28 JACKSONVILLE, FL

Zip

24 32225

Country

25 USA

Zip

29 32225

Country

30 USA

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

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

Signature typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	DAVIS, A DANO	<input type="checkbox"/> DELETE
NAME		5050 EDGEWOOD CT	
STREET ADDRESS		JACKSONVILLE FL	
CITY - ST - ZIP			
TITLE	P	SODERQUIST, KENNETH A	<input checked="" type="checkbox"/> DELETE
NAME		2013 HWY 82 WEST	
STREET ADDRESS		TIFTON GA 31794	
CITY - ST - ZIP			
TITLE	V	SNODGRASS, ROBERT F JR.	<input type="checkbox"/> DELETE
NAME		10231 ATLANTIC BLVD.	
STREET ADDRESS		JACKSONVILLE FL 32225-9977	
CITY - ST - ZIP			
TITLE	V	SKELTON, H. JAY	<input type="checkbox"/> DELETE
NAME		5050 EDGEWOOD CT.	
STREET ADDRESS		JACKSONVILLE FL 32205	
CITY - ST - ZIP			
TITLE	STR	BLACKER, WALTER I	<input type="checkbox"/> DELETE
NAME		10231 ATLANTIC BLVD.	
STREET ADDRESS		JACKSONVILLE FL 32225-9977	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Walter I. Blacker* WALTER I. BLACKER

1/20/97 9047241080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0012268

CR2E034 (9/96)