

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 122918 (6)

1. Corporation Name

HYGEIA COCA-COLA BOTTLING COMPANY

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**COCA-COLA PLAZA, NW
PO BOX 1778 - CCE TAX DEPT
ATLANTA GA 30301
US**

Mailing Address
**2500 WINDY RIDGE PKWY
11031
MARIETTA GA 30067
US**

3. Date Incorporated or Qualified **09/01/1930** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-0301600** 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
21 One Coca-Cola Plaza, NW
Suite, Apt. #, etc.

2a. Mailing Address
26 2500 Windy Ridge Parkway
Suite, Apt. #, etc.

22 City & State
23 Atlanta, GA

24 Zip **30313** 25 Country
26 Zip **30339** 27 Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIMBERG, HENRY A	1.2 NAME	
STREET ADDRESS	COCA-COLA PLAZA, NW	1.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	1.4 CITY - ST - ZIP	
TITLE	SVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALM, JOHN R.	2.2 NAME	
STREET ADDRESS	COCA-COLA PLAZA NW	2.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	2.4 CITY - ST - ZIP	
TITLE	VC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTER, BERNICE H	3.2 NAME	
STREET ADDRESS	COCA-COLA PLAZA W.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINRICH, JOSEPH	4.2 NAME	
STREET ADDRESS	COCA-COLA PLAZA, NW	4.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	4.4 CITY - ST - ZIP	
TITLE	GCS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINE, LOWRY F	5.2 NAME	
STREET ADDRESS	COCA-COLA PLAZA, NW	5.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN, VICKI G	6.2 NAME	
STREET ADDRESS	COCA COLA PLAZA, NW	6.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information furnished with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on a checkmark, with an address.

SIGNATURE _____ **Joseph D. Heinrich** **4-17-95** **404-989-3030**
Signature and typed or printed name of signing officer or director Date (Typed Name)

Vice President