

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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-04/22/96--01015--012
***200.00

DOCUMENT # 122918 (6)

1. Corporation Name
HYGEIA COCA-COLA BOTTLING COMPANY



Principal Place of Business
**ONE COCA-COLA PLAZA, N.W.
PO BOX 1778 - CCE TAX DEPT
ATLANTA GA 30313
US**

Mailing Address
**2500 WINDY RIDGE PARKWAY
SUITE#11031
ATLANTA GA 30339
US**

3. Date Incorporated or Qualified **09/01/1930** 3a. Date of Last Report **04/20/1995**

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 **2500 Windy Ridge Parkway**
Suite, Apt. #, etc. **11031**
City & State **Atlanta, GA**
Zip **30339** Country **USA**

2a. Mailing Address
26 **P.O. Box 723040**
Suite, Apt. #, etc. **Tax Department, #11031**
City & State **Atlanta, GA**
Zip **31139-0040** Country **USA**

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

Signature, typed or printed name of new registered agent, date of registration, and date of filing. (Applicable to Agent Signature report only.)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHIMBERG, HENRY A	
STREET ADDRESS	COCA-COLA PLAZA, NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	ALM, JOHN R.	
STREET ADDRESS	COCA-COLA PLAZA NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	WINTER, BERNICE H	
STREET ADDRESS	COCA-COLA PLAZA W.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HEINRICH, JOSEPH	
STREET ADDRESS	COCA-COLA PLAZA, NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	GCS	<input type="checkbox"/> DELETE
NAME	KLINE, LOWRY F	
STREET ADDRESS	COCA-COLA PLAZA, NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROMAN, VICKI G	
STREET ADDRESS	COCA COLA PLAZA, NW	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2500 Windy Ridge Parkway
1.4 CITY-ST-ZIP	Atlanta, GA 30339
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2500 Windy Ridge Parkway
2.4 CITY-ST-ZIP	Atlanta, GA 30339
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	2500 Windy Ridge Parkway
3.4 CITY-ST-ZIP	Atlanta, GA 30339
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vice President
4.3 STREET ADDRESS	Michael P. Coghlan
4.4 CITY-ST-ZIP	2500 Windy Ridge Parkway
4.5 CITY-ST-ZIP	Atlanta, GA 30339
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2500 Windy Ridge Parkway
5.4 CITY-ST-ZIP	Atlanta, GA 30339
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	2500 Windy Ridge Parkway
6.4 CITY-ST-ZIP	Atlanta, GA 30339

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)(k), 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: *Bernice H. Winter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bernice H. Winter, Vice President

4-10-96 770-989-3030
Date Daytime Phone #

CR2E034 (12/95)

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