

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mosham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 22 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **125303** (8)

1. Corporation Name
PANAMA CITY COCA COLA BOTTLING COMPANY

Principal Place of Business Mailing Address
1900 REXFORD ROAD P.O. BOX 31487 CHARLOTTE NC 28211

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3b. Date of Last Report
21	22	25	26	01/01/1931	03/30/1994
23. City & State		27. City & State		4. FEI Number	Applied For Not Applicable
24. Zip		28. Zip		59-0391380	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26. Country		30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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 based on printed name of registered agent and filer applicable) (SOLE Registered Agent (signature required) agent (optional))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JAMES L.	2. NAME	
STREET ADDRESS	1900 REXFORD ROAD	3. STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	4. CITY - ST - ZIP	
TITLE	CD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON III, J. FRANK	22. NAME	
STREET ADDRESS	1900 REXFORD ROAD	23. STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	24. CITY - ST - ZIP	
TITLE	S	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, JOHN F. JR.	32. NAME	
STREET ADDRESS	1100 AMERICAN NATIONAL BANK	33. STREET ADDRESS	
CITY - ST - ZIP	CHATTANOOGA TN	34. CITY - ST - ZIP	
TITLE	T	41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, DAVID V.	42. NAME	
STREET ADDRESS	1900 REXFORD RD.	43. STREET ADDRESS	V SINGER, DAVID V. 1900 REXFORD ROAD CHARLOTTE, NC 28211
CITY - ST - ZIP	CHARLOTTE NC	44. CITY - ST - ZIP	
TITLE	V	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, BRENDA	52. NAME	
STREET ADDRESS	1900 REXFORD RD.	53. STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62. NAME	V UMESH M. KASBEKAR
STREET ADDRESS		63. STREET ADDRESS	1900 REXFORD ROAD
CITY - ST - ZIP		64. CITY - ST - ZIP	CHARLOTTE, NC 28211

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 119.02(3)(g), 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. 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: *Brenda B. Jackson* BRENDA B. JACKSON MAR 09 1995 704-551-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CORPORATION ANNUAL REPORT - STATE OF FLORIDA
DOCUMENT # 125303 (8)
PANAMA CITY COCA-COLA BOTTLING COMPANY**

ATTACHMENT

OTHER PRINCIPAL OFFICERS:

TITLE V
NAME WESTPHAL, STEVEN D.
STREET AD 1900 REXFORD RD.
CITY-ST-ZIP CHARLOTTE, NC 28211

TITLE V
NAME SNIPES, ROBBIE G.
STREET AD 1900 REXFORD RD.
CITY-ST-ZIP CHARLOTTE, NC 28211

ASSISTANT SECRETARIES:

PATRICIA A. GILL
GEOFFREY G. YOUNG
RALPH M. KILLEBREW, JR.
JEAN H. PARKER
SUSAN D. HARDIN

1900 REXFORD RD. CHARLOTTE, NC 28211
1900 REXFORD RD. CHARLOTTE, NC 28211
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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Northrup
Secretary of State
CIVIL SERVICE COMMISSION 1-1-95

DOCUMENT # **153520** (2)

1. Corporation Name:
A.D.D. INVESTMENT AND CATTLE CO.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5050 EDGEWOOD CT JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Checked 12/22/1947	3a. Date of Last Report 04/05/1994
4. FEI Number 59-6078065	Applied For Next Appointment
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 1981(3), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. 32254	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. 32254
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9. Name and Address of Current Registered Agent

**SKELTON, H.J.
5050 EDGEWOOD COURT
JACKSONVILLE FL 32205
32254**

10. Name and Address of New Registered Agent

B1. Name	B2. Street Address (P.O. Box Number is Not Acceptable)	B3.	B4. City	B5. Zip Code
			FL	

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 in printed name of registered agent and the corporation. (Type in printed name of registered agent and the corporation.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
TITLE NAME STREET ADDRESS CITY ST. ZIP	CPD DAVIS, A D 5050 EDGEWOOD COURT JACKSONVILLE FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST. ZIP	VDAS DAVIS, ROBERT D 5050 EDGEWOOD COURT JACKSONVILLE FL	7. TITLE 8. NAME 9. STREET ADDRESS 10. CITY ST. ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600001436208 -03/22/95--01044--001 ****200.00 ****200.00
TITLE NAME STREET ADDRESS CITY ST. ZIP	ATS BISHOP, G.P., JR. 5050 EDGEWOOD COURT JACKSONVILLE FL	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST. ZIP	VTD SKELTON, H.J. 5050 EDGEWOOD COURT JACKSONVILLE FL	15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST. ZIP	VAS FRANCIS, H. D. 5050 EDGEWOOD COURT JACKSONVILLE FL	19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST. ZIP		23. TITLE 24. NAME 25. STREET ADDRESS 26. CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 191(2), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, 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 file into this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of checked, or on an attachment with an address.

SIGNATURE: *G.P. Bishop, Jr.* **G.P. Bishop, Jr.** 3-6-95 (904) 783-5314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR