

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

**FILED**  
**Mar 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 # 125303 (8)**  
 1. Corporation Name  
**PANAMA CITY COCA COLA BOTTLING COMPANY**



Principal Place of Business Mailing Address  
**1900 REXFORD ROAD** **1900 REXFORD ROAD**  
**P.O. BOX 31487** **P.O. BOX 31487**  
**CHARLOTTE NC 28211** **CHARLOTTE NC 28211-3400**

3. Date Incorporated or Qualified **01/01/1931** 3a. Date of Last Report **02/29/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-0391380</b>	Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
	Country		Country		<input type="checkbox"/>	
24	24. Zip	29	29. Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, JAMES L.</b>	1.2 NAME	
STREET ADDRESS	<b>1900 REXFORD ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	1.4 CITY - ST - ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRISON III, J. FRANK</b>	2.2 NAME	
STREET ADDRESS	<b>1900 REXFORD ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENRY, JOHN F. JR.</b>	3.2 NAME	
STREET ADDRESS	<b>1100 AMERICAN NATIONAL BANK</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHATTANOOGA TN</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SINGER, DAVID V.</b>	4.2 NAME	
STREET ADDRESS	<b>1900 REXFORD ROAD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	4.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, BRENDA</b>	5.2 NAME	
STREET ADDRESS	<b>1900 REXFORD RD.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	5.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KASBEKAR, UMESH M</b>	6.2 NAME	
STREET ADDRESS	<b>1900 REXFORD ROAD</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHARLOTTE NC</b>	6.4 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: *T. Fred Melton* **CT. Fred Melton** 3/20/97 704-551-4400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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

**ATTACHMENT**

**OTHER PRINCIPAL OFFICERS:**

TITLE V  
NAME MELTON, T. FRED  
STREET ADDRESS 1900 REXFORD RD.  
CITY-ST-ZIP CHARLOTTE, NC 28211

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

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

TITLE V  
NAME ELMORE, WILLIAM B.  
STREET ADDRESS 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

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