

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90043 006 ***150.00

UNIFORM
 AT

DOCUMENT # 125303
 1. Entity Name
PANAMA CITY COCA COLA BOTTLING COMPANY

Principal Place of Business Mailing Address
4100 COCA COLA PLAZA **4100 COCA COLA PLAZA**
CHARLOTTE NC 28211 **CHARLOTTE NC 28211**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-0391380		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELMORE, WILLIAM B			NAME			
STREET ADDRESS	4100 COCA COLA PLAZA			STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28211			CITY-ST-ZIP			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRISON III, J. FRANK			NAME			
STREET ADDRESS	4100 COCA COLA PLAZA			STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28211			CITY-ST-ZIP			
TITLE	VCFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SINGER, DAVID V.			NAME			
STREET ADDRESS	4100 COCA COLA PLAZA			STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28211			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KASBEKAR, UMESH M			NAME			
STREET ADDRESS	4100 COCA COLA PLAZA			STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28211			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MELTON, T. FRED			NAME			
STREET ADDRESS	4100 COCA COLA PLAZA			STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28211			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *T. Fred Melton* **REQUIRED** Fred Melton Date: 1/10/02 Daytime Phone #: 704-557-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)