## SEC Form 4

## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APF	PROVAL
	0005.00

OMB Number: 3235-0287 Estimated average burden 0.5

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obligations may Instruction 1(b).	continue. See					BENEFICIAL OWNERSHIP Estimated average burden hours per response:   Estimated average burden hours per response: Estimated average burden hours per response:   Trading Symbol S. Relationship of Reporting Person(s) to Issuer (Check all applicable)   X Director 10% Owner   Officer (give title Other (specible)) Officer (give title Other (specible))   yinal Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applica Line)   X Form filed by One Reporting Person   Form filed by More than One Reporting Person Form filed by More than One Reporting Person   Person Form filed by Owned	0.5				
	1 0	rson <sup>*</sup>	<u>N</u> A		VERAGE	E CORP [ FIZZ ]	(Check	all applicabl Director Officer (giv	e)	10% COther	Owner (specify
	(First) STREET	(Middle)		11/2022	saction (iviontr	VDay/Year)	Estimated average I hours per response   tot of 1934   40   ZZZ ]   5. Relationship of Reporting Person(s) (Check all applicable)   X Director   Officer (give title   0   ear) 6. Individual or Joint/Group Filing (Che Line)   X Form filed by One Reporting F   Form filed by More than One Person   r Beneficially Owned	below	)		
1. Name and Address of Reporting Person <u>CONLEE CECIL D</u> (Last) (First) 8100 SW 10TH STREET SUITE 4000 (Street) PLANTATION FL (City) (State)		4. lf	Amendment, Date	of Original File	d (Month/Day/Year)		idual or Join	t/Grou	o Filing (Check	Applicable	
1 <i>'</i>							X	Form filed	by One	e Reporting Per	son
(Last) (First) 8100 SW 10TH STREET SUITE 4000 (Street) PLANTATION FL (City) (State)	33324							by Mo	re than One Re	porting	
(City)	(State)	(Zip)								hours per response: porting Person(s) to Iss ) 10% Ow title Other (s below) Group Filing (Check Ap y One Reporting Perso y More than One Repo	
	Та	ble I - Non-D	erivative	Securities Ac	quired, Dis	posed of, or Benef	ficially	Owned			
4 Title of Oceanda	(In other 2)	0 T-	maaatian	24 Deemed	2	4. Converting A new ined (A)		E A		C. Our anabin	7 Nature

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		4. Securities Disposed Of				Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(1150. 4)
Common Stock	07/11/2022		S		12,000	D	<b>\$</b> 49.52 <sup>(1)</sup>	68,680	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned     (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number of		umber Expiration Date (Month/Day/Year) uired or oosed 0) , r 3, 4			le and unt of rities rlying ative rity (Instr. I 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Unit price shown is an average price. Shares were sold by the reporting person to recover income taxes paid on prior FIZZ stock option exercises.

## /s/ Cecil D. Conlee

07/13/2022 Date

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.