

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90185 030 ***150.00

DOCUMENT # P14696

1. Entity Name

HEAD DISTRIBUTING COMPANY



Principal Place of Business

1945 LAKEPOINT DR.
LEWISVILLE TX 75057

Mailing Address

ATTN: CORP. TAX DEPARTMENT
P.O. BOX 26647
OKLAHOMA CITY OK 73126-0647

2. Principal Place of Business

3524 NW 56

3. Mailing Address

3524 NW 56

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Oklahoma City OK

City & State
Oklahoma City OK

4. FEI Number **58-1095258**

Applied For

Not Applicable

Zip **73112**

Country **USA**

Zip **73112**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD HEAD, ANDREW M. 5270 WOODRIDGE FOREST TRAIL ATLANTA GA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANNON, ARTHUR D. 4320 CHAPEL HILL FARM DOUGLASVILLE GA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REED, DANIEL T 3232 COBB PARKWAY #282 ATLANTA GA 30339	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAD, JOHN F., JR. 2880 BAKERS FARM ROAD ATLANTA GA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEAD, JOHN F., III 2504 WOODWARD WAY ATLANTA GA 30305	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINERNEY, PAULA H 730 WHITEMERE COURT ATLANTA GA 30327	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Neal J. Rider 1945 Lakepointe Dr. Lewisville Tx 75057	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Sec Carlos M. Hernandez 1945 Lakepointe Dr Lewisville Tx 75057	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Treas Asst Sec Matthew H. Hildreth 1945 Lakepointe Dr. Lewisville Tx 75057	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Charles L. Hall 1945 Lakepointe Dr. Lewisville Tx 75057	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Jerry P. Rebel 1945 Lakepointe Dr. Lewisville Tx 75057	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Treasurer Nathan L. Sheldon 3524 NW 56 Oklahoma City OK 73112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-31-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nathan Sheldon, Assistant Treasurer

Date

Daytime Phone #

CR2E034 (10/02)

80087821
H. Haberman
#814696
Head Distributing Company
List of Corporate Officers and Directors
EIN: 58 1095258

OFFICER:

ADDRESS:

Neal J. Rider President	1945 Lakepointe Drive Lewisville, TX 75057
Carlos M. Hernandez Vice President, Secretary	1945 Lakepointe Drive Lewisville, TX 75057
Mathew H. Hildreth VP, Treasurer, Asst Secretary	1945 Lakepointe Drive Lewisville, Tx 75057
Charles L. Hall Vice President	1945 Lakepointe Drive Lewisville, Tx 75057
Jerry P. Rebel Vice President	1945 Lakepointe Drive Lewisville, Tx 75057
Kirsten R. Richesson Assistant Secretary	1945 Lakepointe Drive Lewisville, Tx 75057
Nathan L. Sheldon Assistant Treasurer	3524 NW 56 th Street Oklahoma City, OK 73116

DIRECTOR:

ADDRESS:

Carlos M. Hernandez	1945 Lakepointe Drive Lewisville, Tx 75057
Neal J. Rider	1945 Lakepointe Drive Lewisville, Tx 75057
Matthew H. Hildreth	1945 Lakepointe Drive Lewisville, Tx 75057