

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14696

(9)

1. Corporation Name

HEAD DISTRIBUTING COMPANY

Principal Place of Business

4820 NORTH CHURCH LANE
SMYRNA GA 30080

Mailing Address

4820 NORTH CHURCH LANE
SMYRNA GA 30080



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PICKETT, DAVID
5151 SUNBEAM ROAD
SUITE 24
JACKSONVILLE FL 32257

3. Date Incorporated or Qualified

06/03/1987

3a. Date of Last Report

04/25/1995

4. FEI Number

58-1095258

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
HEAD, ANDREW M.
5270 WOODRIDGE FOREST TRAIL
ATLANTA GA

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
BRANNON, ARTHUR D.
4320 CHAPEL HILL FARM
DOUGLASVILLE GA

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
HEAD, JACQUELINE M.
2880 BAKERS FARM ROAD
ATLANTA GA

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
HEAD, JOHN F., JR.
2880 BAKERS FARM ROAD
ATLANTA GA

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
HEAD, JOHN F., III
3495 TUXEDO ROAD
ATLANTA GA

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
MCINERNEY, PAULA H
5520 WHITNER DRIVE
ATLANTA GA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ 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 119.07(3)(k), 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:

Signature and typed or printed name of signing officer or director

1/12/96

(404) 792-2000
Business Phone #

CR2E034 (12/95)