


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

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Apr 10 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 # <b>P14696</b>		<b>(9)</b>	
1. Corporation Name <b>HEAD DISTRIBUTING COMPANY</b>			



Principal Place of Business <b>4820 NORTH CHURCH LANE SMYRNA GA 30080</b>	Mailing Address <b>4820 NORTH CHURCH LANE SMYRNA GA 30080-7210</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/03/1987</b>		3a. Date of Last Report <b>04/22/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>58-1095258</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>PICKETT, DAVID 5151 SUNBEAM ROAD SUITE 24 JACKSONVILLE FL 32257</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code <b>FL</b>			

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	<b>CFOT Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HEAD, ANDREW M.</b>	1.2 NAME	<b>Michael J. Scalera</b>
STREET ADDRESS	<b>5270 WOODRIDGE FOREST TRAIL</b>	1.3 STREET ADDRESS	<b>1422 Hillside Dr</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>	1.4 CITY-ST-ZIP	<b>Grayson, Ga. 30221</b>
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANNON, ARTHUR D.</b>	2.2 NAME	
STREET ADDRESS	<b>4320 CHAPEL HILL FARM</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOUGLASVILLE GA</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEAD, JACQUELINE M.</b>	3.2 NAME	
STREET ADDRESS	<b>2880 BAKERS FARM ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEAD, JOHN F., JR.</b>	4.2 NAME	
STREET ADDRESS	<b>2880 BAKERS FARM ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEAD, JOHN F., III</b>	5.2 NAME	
STREET ADDRESS	<b>3495 TUXEDO ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCINERNEY, PAULA H</b>	6.2 NAME	
STREET ADDRESS	<b>5520 WHITNER DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</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. I changed, or on an attachment with an address.

SIGNATURE: Michael J. Scalera Michael J. Scalera 4/3/97 404-792-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)