


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

FILED  
Apr 21 1998 8:00am  
Secretary of State

|   |   |   |   |
|---|---|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998   |   | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Northam<br>Secretary of State<br>DIVISION OF CORPORATIONS |   |
| DOCUMENT # P14696 (9)<br>1. Corporation Name<br>HEAD DISTRIBUTING COMPANY   |   |   |   |
| Principal Place of Business<br>4820 NORTH CHURCH LANE<br>SMYRNA GA 30080  |   | Mailing Address<br>4820 NORTH CHURCH LANE<br>SMYRNA GA 30080  |   |
| 2. Principal Place of Business<br>21 Suite, Apt #, etc.<br>22 City & State<br>23 Zip Country<br>24  |   | 2a. Mailing Address<br>25 Suite, Apt #, etc.<br>26 City & State<br>27 Zip Country<br>28   |   |
| 9. Name and Address of Current Registered Agent<br>PICKETT, DAVID<br>5151 SUNBEAM ROAD<br>SUITE 24<br>JACKSONVILLE FL 32257   |   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ (NOTE: Registered Agent signature required when reinstating)  |   |   |   |
| 12. OFFICERS AND DIRECTORS  |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PO<br>HEAD, ANDREW M.<br>5270 WOODRIDGE FOREST TRAIL<br>ATLANTA GA  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>BRANNON, ARTHUR D.<br>4320 CHAPEL HILL FARM<br>DOUGLASVILLE GA | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CFO<br>SCALERO, MICHAEL J<br>1422 HILLSIDE DR.<br>GRAYSON GA        | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>SCALERA, MICHAEL J |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HEAD, JOHN F., JR.<br>2880 BAKERS FARM ROAD<br>ATLANTA GA      | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HEAD, JOHN F., III<br>3495 TUXEDO ROAD<br>ATLANTA GA           | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MCINERNEY, PAULA H<br>5520 WHITNER DRIVE<br>ATLANTA GA         | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |

14. 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 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: \_\_\_\_\_

4/7/98

404-792-2000

CR2E034 (10/97)