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Secretary of State

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DO NOT WRITE IN THIS SPACE

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14696

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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 owes the current year Intangible
Personal Property Tax.

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 reinstating).

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HEAD, ANDREW M.
STREET ADDRESS 5270 WOODRIDGE FOREST TRAIL
CITY-ST-ZIP ATLANTA GA

TITLE V
NAME BRANNON, ARTHUR D.
STREET ADDRESS 4320 CHAPEL HILL FARM
CITY-ST-ZIP DOUGLASVILLE GA

TITLE CFO
NAME SCALERA, MICHAEL J
STREET ADDRESS 1422 HILLSIDE DR.
CITY-ST-ZIP GRAYSON GA

TITLE D
NAME HEAD, JOHN F., JR.
STREET ADDRESS 2880 BAKERS FARM ROAD
CITY-ST-ZIP ATLANTA GA

TITLE D
NAME HEAD, JOHN F., III
STREET ADDRESS 3495 TUXEDO ROAD
CITY-ST-ZIP ATLANTA GA

TITLE D
NAME MCINERNEY, PAULA H
STREET ADDRESS 5520 WHITNER DRIVE
CITY-ST-ZIP ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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, with all other like empowered.

SIGNATURE:

Michael J. Scalera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99
Date

404-792-2000
Daytime Phone #

CR2E034 (1/98)