FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 25 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P14696** **(9)**

1. Corporation Name
HEAD DISTRIBUTING COMPANY

Principal Place of Business	Mailing Address
4620 NORTH CHURCH LANE SMYRNA GA 30080	4620 NORTH CHURCH LANE SMYRNA GA 30080

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/03/1987	3a. Date of Last Report: 04/13/1994
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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

PICKETT, DAVID
5151 SUNBEAM ROAD
SUITE 24
JACKSONVILLE FL 32257

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HEAD, ANDREW M.	12 NAME	[redacted],
STREET ADDRESS	5270 WOODRIDGE FOREST TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	BRANNON, ARTHUR D.	22 NAME	
STREET ADDRESS	4320 CHAPEL HILL FARM	23 STREET ADDRESS	
CITY-ST-ZIP	DOUGLASVILLE GA	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	HEAD, JACQUELINE M.	32 NAME	
STREET ADDRESS	2880 BAKERS FARM ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HEAD, JOHN F., JR.	42 NAME	
STREET ADDRESS	2880 BAKERS FARM ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HEAD, JOHN F., III	52 NAME	
STREET ADDRESS	3495 TUXEDO ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MCINERNY, PAULA H	62 NAME	
STREET ADDRESS	5520 WHITNER DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	64 CITY-ST-ZIP	

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)(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: John F. Head Jr. JOHN F. HEAD, JR 1-11-95 (404) 792-2000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000130 FP