

03-10948 **BAM 03 R 07/01**

B10 (Official Form 10) (Rev 6/91)

Claim Comment Text

United States Bankruptcy Court
/WILMINGTON District of DELAWARE

PROOF OF CLAIM

In re (Name of Debtor)
HEAD DISTRIBUTING COMPANY

Case Number
03-10963 MFW

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor
(The person or entity to whom the debtor owes money or property)
State of Florida - Department of Revenue - UT

Name and Addresses Where Notices Should be Sent
**Bankruptcy Section
Post Office Box 6668
Tallahassee, Florida
32314-6668
Telephone No (850) 921 2151**

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

REC'D JUN 12 2003

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
00-1138432

replaces
 amends

Check here if this claim a previously filed claim dated _____

1 BASIS FOR CLAIM
 Goods sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes **UNEMPLOYMENT COMPENSATION**
 Other (Describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Wages, salaries, and compensations (Fill out below)

Your social security number _____
Unpaid compensations for services performed _____
from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT DATE OBTAINED

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Unsecured Priority (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.

SECURED CLAIM \$ 0.00
Attach evidence of perfection or security interest.
Brief Description of Collateral:
 Real Estate Motor Vehicle Other (Describe briefly)

Amount of arrearage and other charges included in secured claim above if any \$ _____

UNSECURED NONPRIORITY CLAIM \$ 0.00
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM \$ 91.42
Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$2000) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)
 Contributions to an employee benefit plan - U.S.C. § 507(a)(4)
 Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal family household use - 11 U.S.C. § 507(a)(6)
 Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(8)
 Other - 11 U.S.C. § 507(a)(2), (a)(5) - (Describe briefly)

5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED
\$ 0.00 (Unsecured) \$ 0.00 (Secured) \$ 91.42 (Priority)

\$ 91.42 (Total)

Check this box if claim includes prepetition charges in addition to the principal amount to the claim. Attach itemized statement of all additional charges.

6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7 SUPPORTING DOCUMENTS Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements, running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8 TIME STAMPED COPY To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.

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Date
5/28/03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).
SUSAN VAUSE
Susan Vause
TAX SPECIALIST I (850) 922-9887

Fleming Companies Claim

00349

