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 19 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003176 (5)**

1. Corporation Name
HAT BRANDS, INC.

Principal Place of Business	Mailing Address
3301 CASTLEWOOD ROAD RICHMOND VA 23234	3301 CASTLEWOOD ROAD RICHMOND VA 23234

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/09/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 601 Marion Dr.
22 Suite, Apt. #, etc.
23 City & State: Garland, TX
24 Zip: 75150 25 Country: USA

2a. Mailing Address
26 601 Marion Dr.
27 Suite, Apt. #, etc.
28 City & State: Garland, TX
29 Zip: 75150 30 Country: USA

4. FEI Number: 54-1289243 ☐ 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 Fee

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COLEMAN, KEVIN G
C/O CUMMINGS & LOCKWOOD
3001 TAMIAMI TRAIL NORTH
NAPLES FL 33940

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 / NAME / STREET ADDRESS / CITY ST ZIP	VP STEWART, ION 3301 CASTLEWOOD RD RICHMOND VA	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	VP - CFO TEHLE, DAVID 601 Marion Dr. Garland, TX 75042 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S DROSS, DANIEL 200 CRESCENT CT STE 161 DALLAS TX	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	PRES STEC, BOB 601 Marion Dr. Garland, TX 75042 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D TATE, CHARLES 1325 AVE OF AMERICAS 25TH FLR NEW YORK NY	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LEWENKRON, M L 5551 RIDGEWOOD DR NAPLES FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WINTERS, OTIS 5956 SHERRY LN DALLAS TX	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP TEAGUE, GLORIA 3301 CASTLEWOOD RD RICHMOND VA	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	Teague, Gloria ☒ Change ☐ Addition correction

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: D Tehle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

(214) 494-0511 X330
Daytime Phone #

DSD
04/17/95 PP