


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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90053 004 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000013130 | | | | | |
| 1. Corporation Name HATTERAS CONSTRUCTION CO. | | | | | |
| Principal Place of Business 8 DEANNA DRIVE ST. AUGUSTINE FL 32084 | | | Mailing Address 8 DEANNA DRIVE ST. AUGUSTINE FL 32084 | | |
| 2. Principal Place of Business 21 24 Dolphin Dr. Suite, Apt. #, etc. 22 | | 2a. Mailing Address 26 24 Dolphin Dr. Suite, Apt. #, etc. 27 | | 3. Date Incorporated or Qualified 02/09/1998 | |
| 23 St. Augustine FL. City & State 24 32084 25 USA Zip Country | | 28 St. Augustine FL. City & State 29 32084 30 USA Zip Country | | 4. FEI Number 59-3490111 Applied For Not Applicable | |
| 9. Name and Address of Current Registered Agent GASKINS, DAVID 8 DEANNA DRIVE ST. AUGUSTINE FL 32084 | | | | 10. Name and Address of New Registered Agent 81 Name GASKINS, DAVID 82 Street Address (P.O. Box Number is Not Acceptable) 24 Dolphin Dr. 83 5 84 City St. Augustine FL 85 Zip Code 32084 | |
| 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 D <input type="checkbox"/> DELETE NAME GASKINS, DAVID STREET ADDRESS 8 DEANNA DRIVE CITY-ST-ZIP ST. AUGUSTINE FL 32084 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN REYHANT 1.2 NAME 1.3 STREET ADDRESS 1820 SEVILLA BLVD. Suite 302 1.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32237 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-99 904-826-3285
Date Daytime Phone #

001725

CR2E034 (1/98)