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

TALLAHASSEE, FLORIDA

DOCUMENT # V22930 (4)

1. Corporation Name
HATTERAS, INC.

Principal Place of Business: 900 JAN MAR COURT, MINNEOLA FL 34755

Mailing Address: P.O. BOX 120888, CLERMONT FL 34712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1992

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3120944 — [ ] 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 is/are applying for exemption ... Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business — 21 / Suite, Apt. # etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. # etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

WELBORN, JAMES F JR
13127 LOBLOLLY LANE
CLERMONT FL 34711

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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	VT	TITLE	[ ] Change [ ] Addition
NAME	WELBORN, JAMES F JR.	NAME	
STREET ADDRESS	13127 LOBLOLLY LANE	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	CITY-ST-ZIP	
TITLE	P	TITLE	[ ] Change [ ] Addition
NAME	WELBORN, JAMES F. SR.	NAME	
STREET ADDRESS	900 JAN MAR COURT	STREET ADDRESS	
CITY-ST-ZIP	MINNEOLA FL	CITY-ST-ZIP	
TITLE	S	TITLE	[X] Change [ ] Addition
NAME	WELBORN, BETTY RUTH	NAME	
STREET ADDRESS	5690 BALKAN CT. S.W.	STREET ADDRESS	14841 Bud Pine Lane
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP	Clermont, Fl 34711
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] 4/26/95 904-242-1172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0376228 CP