

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000001926 (3)**

1. Corporation Name
HCC GULF, INC.



Principal Place of Business: **TWO RAVINIA DR. SUITE 1350 ATLANTA GA 30346**
Mailing Address: **TWO RAVINIA DR. SUITE 1350 ATLANTA GA 30346**

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	04/20/1995		
4.	FEE Number		Applied For
	58-2158251		Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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: _____ (Signature of registered agent) (DATE: _____)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, RICHARD	1.2 NAME	
STREET ADDRESS	6007 FINANCIAL PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	SHREVEPORT LA 71129	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, MATTHEW S	2.2 NAME	
STREET ADDRESS	6007 FINANCIAL PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	SHREVEPORT LA 71129	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREHEAD, WAYNE S	3.2 NAME	
STREET ADDRESS	TWO RAVINIA DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA 30346	3.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODSON, KATHRYN	4.2 NAME	
STREET ADDRESS	6007 FINANCIAL PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	SHREVEPORT LA 71129	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, PAUL A	5.2 NAME	
STREET ADDRESS	TWO RAVINIA DR.	5.3 STREET ADDRESS	TWO RAVINIA DR.
CITY - ST - ZIP	ATLANTA GA 30346	5.4 CITY - ST - ZIP	ATLANTA, GA. 30346
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	BROWN, MICHAEL S.
STREET ADDRESS		6.3 STREET ADDRESS	TWO RAVINIA DR., STE 1350
CITY - ST - ZIP		6.4 CITY - ST - ZIP	ATLANTA, GA. 30346

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/96

Daytime Phone # _____

CR2E034 (12/95)