

**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
	<b>04/20/1995</b>		
4.	FEE Number		Applied For
	<b>58-2158251</b>		Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> 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) (NOTE: Registered Agent's signature required when registering) (DATE)

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

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)