

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/20/1995

3a. Date of Last Report

4. FEI Number

58-2158251

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and filer (if applicable)

(NOTE: Registered Agent's signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME GREER, RICHARD
STREET ADDRESS 6007 FINANCIAL PLAZA
CITY- ST- ZIP SHREVEPORT LA 71129

TITLE ☐ DELETE

V
NAME ROBINSON, MATTHEW S
STREET ADDRESS 6007 FINANCIAL PLAZA
CITY- ST- ZIP SHREVEPORT LA 71129

TITLE ☐ DELETE

STD
NAME MOREHEAD, WAYNE S
STREET ADDRESS TWO RAVINIA DR.
CITY- ST- ZIP ATLANTA GA 30346

TITLE ☐ DELETE

AS
NAME DODSON, KATHRYN
STREET ADDRESS 6007 FINANCIAL PLAZA
CITY- ST- ZIP SHREVEPORT LA 71129

TITLE ☐ DELETE

D
NAME GREEN, PAUL A
STREET ADDRESS TWO RAVINIA DR.
CITY- ST- ZIP ATLANTA GA 30346

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

VD
GREEN, PAUL A.
TWO RAVINIA DR.
ATLANTA, GA. 30346

D
BROWN, MICHAEL S.
TWO RAVINIA DR., STE 1350
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)