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Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 30346-2104
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3. Date Incorporated or Qualified 04/20/1995	3a. Date of Last Report 04/02/1996
4. FEI Number 58-2158251	Applied For 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	

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

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		85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)		FL	
83.			
84. City			

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: _____ DATE: _____
Signature (typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GREER, RICHARD	1.1 TITLE	AS James L. Adams
NAME	6007 FINANCIAL PLAZA	1.2 NAME	6007 Financial Plaza, Suite 301
STREET ADDRESS	SHREVEPORT LA 71129	1.3 STREET ADDRESS	Shreveport, LA 71129
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	V ROBINSON, MATTHEW S	2.1 TITLE	
NAME	6007 FINANCIAL PLAZA	2.2 NAME	
STREET ADDRESS	SHREVEPORT LA 71129	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	STD MOREHEAD, WAYNE S	3.1 TITLE	
NAME	TWO RAVINIA DR.	3.2 NAME	
STREET ADDRESS	ATLANTA GA 30346	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	AS DODSON, KATHRYN	4.1 TITLE	
NAME	6007 FINANCIAL PLAZA	4.2 NAME	
STREET ADDRESS	SHREVEPORT LA 71129	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	VD GREEN, PAUL A	5.1 TITLE	
NAME	TWO RAVINIA DR.	5.2 NAME	
STREET ADDRESS	ATLANTA GA	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D BROWN, MICHAEL S.	6.1 TITLE	
NAME	TWO RAVINIA DRIVE	6.2 NAME	
STREET ADDRESS	ATLANTA GA	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Wayne S. Morehead* **Wayne S. Morehead, STD** January 20, 1997 770/393-3355
Signature (typed or printed name of signatory officer or director) Date Daytime Phone #

CR2E034 (9/96)