


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 27 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # F95000001926 (3)</b> 1. Corporation Name <b>HCC GULF, INC.</b>			
Principal Place of Business <b>TWO RAVINIA DR. SUITE 1350 ATLANTA GA 30346</b>		Mailing Address <b>TWO RAVINIA DR. SUITE 1350 ATLANTA GA 30346-2104</b>	
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. Country		30. Country	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code		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: _____ DATE: _____			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>P</b>		1.1 TITLE <b>AS</b>	
1.2 NAME <b>GREER, RICHARD</b>		1.2 NAME <b>James L. Adams</b>	
1.3 STREET ADDRESS <b>6007 FINANCIAL PLAZA</b>		1.3 STREET ADDRESS <b>6007 Financial Plaza, Suite 301</b>	
1.4 CITY-ST-ZIP <b>SHREVEPORT LA 71129</b>		1.4 CITY-ST-ZIP <b>Shreveport, LA 71129</b>	
2.1 TITLE <b>V</b>		2.1 TITLE <b>Change</b>	
2.2 NAME <b>ROBINSON, MATTHEW S</b>		2.2 NAME <b>Addition</b>	
2.3 STREET ADDRESS <b>6007 FINANCIAL PLAZA</b>		2.3 STREET ADDRESS <b>Change</b>	
2.4 CITY-ST-ZIP <b>SHREVEPORT LA 71129</b>		2.4 CITY-ST-ZIP <b>Addition</b>	
3.1 TITLE <b>STD</b>		3.1 TITLE <b>Change</b>	
3.2 NAME <b>MOREHEAD, WAYNE S</b>		3.2 NAME <b>Addition</b>	
3.3 STREET ADDRESS <b>TWO RAVINIA DR.</b>		3.3 STREET ADDRESS <b>Change</b>	
3.4 CITY-ST-ZIP <b>ATLANTA GA 30346</b>		3.4 CITY-ST-ZIP <b>Addition</b>	
4.1 TITLE <b>AS</b>		4.1 TITLE <b>Change</b>	
4.2 NAME <b>DODSON, KATHRYN</b>		4.2 NAME <b>Addition</b>	
4.3 STREET ADDRESS <b>6007 FINANCIAL PLAZA</b>		4.3 STREET ADDRESS <b>Change</b>	
4.4 CITY-ST-ZIP <b>SHREVEPORT LA 71129</b>		4.4 CITY-ST-ZIP <b>Addition</b>	
5.1 TITLE <b>VD</b>		5.1 TITLE <b>Change</b>	
5.2 NAME <b>GREEN, PAUL A</b>		5.2 NAME <b>Addition</b>	
5.3 STREET ADDRESS <b>TWO RAVINIA DR.</b>		5.3 STREET ADDRESS <b>Change</b>	
5.4 CITY-ST-ZIP <b>ATLANTA GA</b>		5.4 CITY-ST-ZIP <b>Addition</b>	
6.1 TITLE <b>D</b>		6.1 TITLE <b>Change</b>	
6.2 NAME <b>BROWN, MICHAEL S.</b>		6.2 NAME <b>Addition</b>	
6.3 STREET ADDRESS <b>TWO RAVINIA DRIVE</b>		6.3 STREET ADDRESS <b>Change</b>	
6.4 CITY-ST-ZIP <b>ATLANTA GA</b>		6.4 CITY-ST-ZIP <b>Addition</b>	



CR2E034 (9/96)

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 P. Morehead, STD

January 20, 1997 770/393-3355

Date Daytime Phone #

0012561