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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
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 58-2158251	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Country	29. Country		

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: _____ 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	1.1 TITLE	AS
NAME	GREER, RICHARD	1.2 NAME	James L. Adams
STREET ADDRESS	6007 FINANCIAL PLAZA	1.3 STREET ADDRESS	6007 Financial Plaza, Suite 301
CITY - ST - ZIP	SHREVEPORT LA 71129	1.4 CITY - ST - ZIP	Shreveport, LA 71129
TITLE	V	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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	VD	5.1 TITLE	
NAME	GREEN, PAUL A	5.2 NAME	
STREET ADDRESS	TWO RAVINIA DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	BROWN, MICHAEL S.	6.2 NAME	
STREET ADDRESS	TWO RAVINIA DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	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)