

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/20/1995	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 58-2158251	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				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	85. Zip Code
			FL	

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS NAME JAMES L. ADAMS STREET ADDRESS 6007 FINANCIAL PLAZA CITY-ST-ZIP 6007 FINANCIAL PLAZA ST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President 1.2 NAME Raymond J. Cook 1.3 STREET ADDRESS 6007 Financial Plaza # 301 1.4 CITY-ST-ZIP Shreveport, LA 71129
TITLE	V NAME ROBINSON, MATTHEW S STREET ADDRESS 6007 FINANCIAL PLAZA CITY-ST-ZIP SHREVEPORT LA 71129	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Secretary-Treasurer 2.2 NAME Martha C. Foy 2.3 STREET ADDRESS 6007 Financial Plaza # 301 2.4 CITY-ST-ZIP Shreveport, LA 71129
TITLE	STD NAME MOREHEAD, WAYNE S STREET ADDRESS TWO RAVINIA DR. CITY-ST-ZIP ATLANTA GA 30346	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE	AS NAME DODSON, KATHRYN STREET ADDRESS 6007 FINANCIAL PLAZA CITY-ST-ZIP SHREVEPORT LA 71129	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE	VD NAME GREEN, PAUL A STREET ADDRESS TWO RAVINIA DR. CITY-ST-ZIP ATLANTA GA	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE	D NAME BROWN, MICHAEL S. STREET ADDRESS TWO RAVINIA DRIVE CITY-ST-ZIP ATLANTA GA	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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: *Raymond J. Cook* **RAYMOND J. COOK** PRESIDENT 2/24/99 318-688-6986

CR2E034 (10/97)