

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90015 029 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000001926

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	
21		26		04/20/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-2158251	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution	
24		25		29	
30		30		8. This corporation owes the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	EVP/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COOK, RAYMOND J		1.2 NAME	Michael S. Brown			
STREET ADDRESS	6007 FINANCIAL PLAZA #301		1.3 STREET ADDRESS	Two Ravinia Drive, Suite 1350			
CITY-ST-ZIP	SHREVEPORT LA 71129		1.4 CITY-ST-ZIP	Atlanta, GA 30346			
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE	Asst!Sec	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FOY, MARTHA C		2.2 NAME	Phyllis E. Hobbs			
STREET ADDRESS	6007 FINANCIAL PLAZA #301		2.3 STREET ADDRESS	Two Ravinia Drive, Suite 1350			
CITY-ST-ZIP	SHREVEPORT LA 71129		2.4 CITY-ST-ZIP	Atlanta, GA 30346			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BROWN, MICHAEL S.		3.2 NAME	Stephen A. Sodel			
STREET ADDRESS	TWO RAVINIA DRIVE		3.3 STREET ADDRESS	Two Ravinia Drive, Suite 1350			
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	Atlanta, GA 30346			
TITLE	Phyl	<input type="checkbox"/> DELETE	4.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	Barbara Sheridan			
STREET ADDRESS			4.3 STREET ADDRESS	1200 E. Morehead St., Suite 290			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Charlotte, NC 28204			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: *Phyllis E. Hobbs* SIGNATURE REQUIRED: Phyllis E. Hobbs, Asst. Secretary July 26, 1999

CR2E034 (5/99)

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