

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
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
04/20/1995

4. FEI Number
58-2158251

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property. Yes No

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COOK, RAYMOND J	
STREET ADDRESS	6007 FINANCIAL PLAZA #301	
CITY-ST-ZIP	SHREVEPORT LA 71129	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FOY, MARTHA C	
STREET ADDRESS	6007 FINANCIAL PLAZA #301	
CITY-ST-ZIP	SHREVEPORT LA 71129	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, MICHAEL S.	
STREET ADDRESS	TWO RAVINIA DRIVE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	Phy I	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EVP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michael S. Brown	
1.3 STREET ADDRESS	Two Ravinia Drive, Suite 1350	
1.4 CITY-ST-ZIP	Atlanta, GA 30346	
2.1 TITLE	Asst!Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Phyllis E. Hobbs	
2.3 STREET ADDRESS	Two Ravinia Drive, Suite 1350	
2.4 CITY-ST-ZIP	Atlanta, GA 30346	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stéphen A. Sodel	
3.3 STREET ADDRESS	Two Ravinia Drive, Suite 1350	
3.4 CITY-ST-ZIP	Atlanta, GA 30346	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Barbara Sheridan	
4.3 STREET ADDRESS	1200 E. Morehead St., Suite 290	
4.4 CITY-ST-ZIP	Charlotte, NC 28204	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Phyllis E. Hobbs* **Phyllis E. Hobbs, Asst. Secretary July 26, 1999**

CR2E034 (5/99)

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