

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002409

FILED
Feb 10, 2012
Secretary of State

Entity Name: HANCOCK INSURANCE AGENCY, INC.

Current Principal Place of Business:

114 MAIN STREET
BAY ST. LOUIS, MS 39520

New Principal Place of Business:

Current Mailing Address:

ATTN TAX DEPARTMENT
P.O. BOX 4019
GULFPORT, MS 39502

New Mailing Address:

FEI Number: 64-0169103 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD
Name: ACHARY, MICHAEL M
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: VPD
Name: SAIK, CLIFTON J
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: PD
Name: CHANEY, CARL J
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: SD
Name: HAIRSTON, JOHN M
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: VPD
Name: ROTH, CHRIS
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARL J. CHANEY

DP

02/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date