

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000066682

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC1146500349**

**Entity Name:** HANCOCK INVESTMENT SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

2600 CITIPLACE DRIVE  
SUITE 100  
BATON ROUGE, LA 70808

**Current Mailing Address:**

228 ST. CHARLES AVENUE, SUITE626  
ATTN: TERESA LYGATE  
NEW ORLEANS, LA 70130 US

**FEI Number: 20-1004110**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT, CEO  
Name BLUTH, RANDY  
Address 2600 CITIPLACE DRIVE  
SUITE 100  
City-State-Zip: BATON ROUGE LA 70808

Title VP, SECRETARY, TREASURER  
Name ROWLEN, BETTY  
Address 2600 CITIPLACE DRIVE  
SUITE 100  
City-State-Zip: BATON ROUGE LA 70808

Title DIRECTOR  
Name LOPER, D. SHANE  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title CHAIRMAN  
Name SAIK, CLIFTON J  
Address 228 ST. CHARLES AVENUE  
EXECUTIVE OFFICES  
City-State-Zip: NEW ORLEANS LA 70130

Title DIRECTOR, VP  
Name HAIRSTON, JOHN M  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title VP  
Name SIMMONS, MIKE  
Address 2600 CITIPLACE DRIVE  
SUITE 100  
City-State-Zip: BATON ROUGE LA 70808

Title VP  
Name EDEN, WILLIAM  
Address 2600 CITIPLACE DRIVE  
SUITE 100  
City-State-Zip: BATON ROUGE LA 70808

Title VP  
Name PALOZZOLA, DAVID J.  
Address 228 ST. CHARLES AVENUE  
City-State-Zip: NEW ORLEANS LA 70130

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*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: TERESA Z LYGATE**

**ASST. SECRETARY**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name LYGATE, TERESA Z  
Address 228 ST. CHARLES AVENUE  
SUITE 626  
City-State-Zip: NEW ORLEANS LA 70130

Title CORPORATE TAX OFFICER  
Name LESTELLE, ELIZABETH M  
Address 228 ST. CHARLES AVENUE  
City-State-Zip: NEW ORLEANS LA 70130