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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Mar 23, 1999 8:00 am
Secretary of State
03-23-1999 90003 005 ***150.00

DOCUMENT # **452457**

1. Corporation Name
THE HANCOCK COMPANY

Principal Place of Business	Mailing Address
485 OLD WESTERN YRC SANFORD FL 32773 US	3106 S. SANFORD AVE. SANFORD FL 32773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/06/1974

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1587547	☐ Applied For ☐ Not Applicable
21	26 485 OLD WESTERN YRC		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 SANFORD, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 32773 / Country 30 SEMINOLE	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~HANCOCK, IRVIN B.~~ ~~485 OLD WESTERN TRAIL~~ ~~SANFORD FL 32771~~	81 Name PHILIP H HANCOCK 82 Street Address (P.O. Box Number is Not Acceptable) 173 LAKEVIEW ~~AVENUE~~ 83 E 84 City LAKE MARY FL 85 Zip Code 32746

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 PHILIP H. HANCOCK, PRES/V. PRES — DATE 3-16-99
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	PD	☒ DELETE	1.1 TITLE	~~P~~D/VP	☒ Change ☐ Addition
NAME	HANCOCK, IRVIN		1.2 NAME	PHILIP H HANCOCK	
STREET ADDRESS	485 OLD WESTERN TRAIL		1.3 STREET ADDRESS	173 LAKEVIEW AVE	
CITY-ST-ZIP	SANFORD FL		1.4 CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	ST	☐ DELETE	2.1 TITLE	D/ST	☐ Change ☒ Addition
NAME	HANCOCK, LINDA K.		2.2 NAME	LINDA K HANCOCK	
STREET ADDRESS	485 OLD WESTERN TRAIL		2.3 STREET ADDRESS	485 OLD WESTERN YRC	
CITY-ST-ZIP	SANFORD FL		2.4 CITY-ST-ZIP	SANFORD, FL 32773	
TITLE	VP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HANCOCK, PHILIP H.		3.2 NAME		
STREET ADDRESS	485 OLD WESTERN TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Linda K Hancock Asst Secy — LINDA K HANCOCK — 3-16-98 — 407-322-3568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)