

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # F03000000981**

1. Entity Name  
**HANCOCK BANK**



Principal Place of Business  
**2510 14TH STREET  
GULFPORT, MS 39501**

Mailing Address  
**PO BOX 4019  
GULFPORT, MS 39502**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

**FILED**  
**04 NOV 16 PM 1:05**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



10262004 REIN-P CR2E098 (6/04)

4. FEI Number  
**64-0169065**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

**PETER F. SOUZA**  
**ASSISTANT SECRETARY**

SIGNATURE *[Signature]* DATE **11/12/04**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C BOARDMAN, JOSEPH F 2501 14TH STREET GULFPORT, MS 39501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCP SCHLOEGEL, GEORGE A 2510 14TH STREET GULFPORT, MS 39501</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Easterly, Robert E 2510 14th Street Gulfport, MS 39501</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO SCHLOEGEL, GEORGE A 2510 14TH STREET GULFPORT, MS 39501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SEAL, LEO W JR 2510 14TH STREET GULFPORT, MS 39501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>500042787065</b> <b>11/16/04--01061--018 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERTUCCI, FRANK E 2510 14TH STREET GULFPORT, MS 39501</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Chairman Webb, Charles A. Jr. 2510 14th St. Gulfport, MS 39501</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CHANEY, CARL 2510 14TH STREET GULFPORT, MS 39501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPI CFO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_