

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90296 047 ***158.75

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

QUOTED



04252006 Chg-P CR2E034 (11/05)

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.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOARDMAN, JOSEPH F 2501 14TH STREET GULFPORT, MS 39501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASTERLY, ROBERT E 2510 14TH STREET GULFPORT, MS 39501 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. MARTIN STUBBLEFIELD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 N. MONROE STREET SUITE 150 TALLAHASSEE, FL. 32301 DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP SCHLOEGEL, GEORGE A 2510 14TH STREET GULFPORT, MS 39501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SEAL, LEO W JR 2510 14TH STREET GULFPORT, MS 39501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBB, CHARLES A JR 2510 14TH STREET GULFPORT, MS 39501 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPCOO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN M. HAIRSTON 2510 14th STREET GULFPORT MS 39501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO CHANEY, CARL 2510 14TH STREET GULFPORT, MS 39501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CARL J. CHANEY 2510 14th STREET GULFPORT MS 39501

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] V.P. 04.25.06 228.563.7895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #