## F98000005272

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	<b>⇒</b> #)
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(Bu	siness Entity Nar	ne) :
(Do	cument Number)	
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# Roberts FJAN 28 2010



November 3, 2009

ROBERTA O DAVIDSON HANCOCK BANK ATTN: TAX DEPT, P O BOX 4019 GULF PORT, MS 39502

SUBJECT: HARRISON FINANCE COMPANY

Ref. Number: F98000005272

We have received your document for HARRISON FINANCE COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 509A00034618



Certified Mail: 7008 1830 0001 6216 7994

January 22, 2010

Ms. Tina Roberts
Regulatory Specialist II
Division of Corporations
FL Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: Harrison Finance Company

Registered Agent Change of Address Form

Ref Number: F98000005272

Dear Ms. Roberts:

Attached is the revised Registered Agent Change of Address Form for Harrison Finance. I apologize for the delay in getting this information to you.

If you have questions regarding this correspondence, please do not hesitate to contact me at the address listed or by phone: 228.822.4110.

Sincerely,

Roberta O. Davidson

Senior Tax Manager & Assistant Vice President

Harrison Finance Company, a subsidiary of Hancock Holding Company

Enclosures

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Hatrison Finance Conjan

DOCUMENT NUMBER: F 9800005272

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marrie of Contact Person

Firm/Compan

Afth: Ex Dept. P. O. Box 4019

Gulport #5 39507
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

in order to change its registered office or registered agent, or both, in the State of
1. The name of the corporation: Hatrisa finance Company 2. The principal office address: U312 Piccadilly Square, Suite3  1. The mailing address (if different): Affa. Tax Dept. P.O. Box 4019  Couly port, H537502  4. Date of incorporation/qualification: 9/21/1998 Document number: F9800005272  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  Carl J. Charly  115-F Racetrack Road NW
2. The principal office address: 4312 Piccadilly Square, Suite 3  Hobile, AL 3009  3. The mailing address (if different): Affr. Tay Dept. P.O. Box 4019  GWD Doth, HS 37502  4. Date of incorporation/qualification: 9/21/1998 Document number: F98000005272  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  Carl J. Charey  115-F Racetrack Road NW
The mailing address (if different): Affn: Tox Dept: P.O. Bex 4019  Gulfford, HS 39502  4. Date of incorporation/qualification: 9/21/1998 Document number: F9800005972  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  Carl J. Charley  115-F Racetrack Road NW
The mailing address (if different): Affn: Tox Dept: P.O. Bex 4019  Gulfford, HS 39502  4. Date of incorporation/qualification: 9/21/1998 Document number: F9800005972  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  Carl J. Charley  115-F Racetrack Road NW
4. Date of incorporation/qualification: 9/21/1998 Document number: F98000005272  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  Carl J. Charey  115-F Racetrack Road NW
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  Carl J. Charry  115-F Racetrack Road NW  257  267  278  287  287  287  287  287  28
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  Carl J. Charry  115-F Racetrack Road NW  257  267  278  287  287  287  287  287  28
Florida Department of State: (If resigned, enter resigned)  Carl J. Charey  115-F Racetrack Road NW  237 287 287 287 287 287 287 287 287 287 28
Carl J. Charey 115-F Racetrack Road NW
115-F Racetrack Road NW
115-F Racetrack Road NW
Forth motor, Read #1 32547 The 3
of the the
25 25
6. The name and street address of the new registered agent (if changed) and /or registered office  (if changed):
Carl J. Changy President
2510 14th Street 40 South Palayox Phile
GUARDH, NS 3750+ Persacok, 7L 32502
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of officer or director of director of the state of typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent 9 29 59 Date
If signing on behalf of an entity:
Carl J. Chaney Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*