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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M92622** (3)

1. Corporation Name

HANCOCK'S CUTOFF, INC.

Principal Place of Business

**4808 HWY 390
PANAMA CITY FL 32404**

Mailing Address

**4808 HWY 390
PANAMA CITY FL 32404**



3. Date Incorporated or Qualified

08/04/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANCOCK, PHELON J.
7625 BLUEBERRY ROAD
PANAMA CITY FL 32404**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature type for printed name of registered agent and that applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

NAME

**HANCOCK, PHELON J.
7625 BLUEBERRY ROAD
PANAMA CITY FL**

STREET ADDRESS

CITY, ST, ZIP

TITLE

DV

☐ DELETE

NAME

**HANCOCK, MICHAEL E.
7639 BLUEBERRY ROAD
PANAMA CITY FL**

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

CITY, ST, ZIP

TITLE

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NAME

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STREET ADDRESS

CITY, ST, ZIP

TITLE

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NAME

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STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

CITY, ST, ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Phelon J. Hancock
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phelon J. Hancock

2-17-96

904-785-5416

Date

Daytime Phone #

CR2E034 (12/95)