

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000007650

FILED
Apr 18, 2011
Secretary of State

Entity Name: HANCOCK INSURANCE AGENCY OF FLORIDA, INC.

Current Principal Place of Business:

1022 WEST 23RD STREET, 6TH FLOOR
PANAMA CITY, FL 324053608

New Principal Place of Business:

Current Mailing Address:

1022 WEST 23RD STREET, 6TH FLOOR
PANAMA CITY, FL 324053608

New Mailing Address:

P.O. BOX 4019
ATTN: TAX DEPARTMENT
GULFPORT, MS 39502

FEI Number: 27-1813689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: CHANEY, CARL J
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: SD
Name: HAIRSTON, JOHN M
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: TD
Name: ACHARY, MICHAEL M
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: DP
Name: SAIK, CLIFTON J
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

Title: VPD
Name: ROTH, CAMORS C
Address: 2510 14TH STREET
City-St-Zip: GULFPORT, MS 39501

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARL J. CHANEY

DP

04/18/2011

Electronic Signature of Signing Officer or Director

Date