

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L20553 (8)

1. Corporation Name
MERCANTILE BANK



Principal Place of Business: **425 - 22ND AVENUE NORTH ST. PETERSBURG FL 33704-4345**
Mailing Address: **425 - 22ND AVENUE NORTH ST. PETERSBURG FL 33704-4345**

3. Date Incorporated or Qualified 05/15/1990	3a. Date of Last Report 01/19/1995
4. FEI Number 59-2560767	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code
		FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, THOMAS M.	1.2 NAME	
STREET ADDRESS	150 2ND AVENUE NO, SUITE 1500	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONCIUS, ALGIS	2.2 NAME	
STREET ADDRESS	5725 DRAGON WAY, SUITE 219	2.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, LOUIS P.	3.2 NAME	
STREET ADDRESS	888 EXEC. CENTER DR. W., SUITE 101	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISSE, P. N., III	4.2 NAME	
STREET ADDRESS	2865 EXECUTIVE CENTER DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	4.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, GORDON W	5.2 NAME	
STREET ADDRESS	425 22ND AVE. NO.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	5.4 CITY - ST - ZIP	
TITLE	VTS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BARRY K	6.2 NAME	
STREET ADDRESS	425 22ND AVENUE NO.	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	6.4 CITY - ST - ZIP	

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: *Barry K Miller* Executive VP Date: *1/24/96* (813) 894-5696

CR2E034 (12/95)