

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

APPROVED
AND
FILED

95 MAY -1 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001488442
-05/16/95--01051--023
*****225.00 *****225.00

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 136902 (4)
1. Corporation Name
MERRILL INSURANCE AGENCY INC

Principal Place of Business Mailing Address
WILLIAM W TALLMAN
P.O. DRAWER 460
PALATKA FL 32178-7480
WILLIAM W TALLMAN
P.O. DRAWER 460
PALATKA FL 32178-7480

2. Principal Place of Business 2a. Mailing Address
21 300 Reid Street 26 Post Office Drawer 460
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Palatka, Florida 28 Palatka, Florida
Zip Country Zip Country
24 32177 25 Putnam 29 32178 30 Putnam

3. Date Incorporated or Qualified 3a. Date of Last Report
12/28/1938 01/19/1994
4. FEI Number Applied For
59-0357253 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304
81 Name William T. Laurie
82 Street Address (P.O. Box Number is Not Acceptable) 164 Ridge Lake Road
83
84 City Lake Como FL 85 Zip Code 32157

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 provisions of, Section 607.0505, Florida Statutes.
SIGNATURE *William T. Laurie* William T. Laurie May 5, 1995
(Signature of current registered agent required for all applications) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TALLMAN, WILLIAM W.
STREET ADDRESS	123 RIVERSIDE LANE
CITY ST ZIP	PALATKA FL
TITLE	D
NAME	O'CONNOR, JR., C.E.
STREET ADDRESS	SUNSET POINT
CITY ST ZIP	PALATKA FL
TITLE	VPSD
NAME	HAMMOCK, LOUIE R. JR.
STREET ADDRESS	314 ST. GEORGE ST.
CITY ST ZIP	ST. AUGUSTINE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Stuart A. Reiter	
13 STREET ADDRESS	389 Union Avenue	
14 CITY ST ZIP	Crescent City, Florida 32112	
21 TITLE	V/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	William T. Laurie	
23 STREET ADDRESS	164 Ridge Lake Road	
24 CITY ST ZIP	Lake Como, Florida 32157	
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DELETE	
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	200001488442	
43 STREET ADDRESS	-05/16/95--01051--024	
44 CITY ST ZIP	*****8.25 *****8.25	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an alternate filing with an address.

SIGNATURE: *William T. Laurie* MAY 5, 1995 (904) 698-2033
Signature and Typed or Printed Name of Signing Officer or Director Date (Optional Phone #)