

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

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morhart  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 APR 11 PM 9:39

DOCUMENT # 405195 (9)

1. Corporation Name  
 MERCHANTS INSURANCE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 1102 N 28TH STREET, P O BOX 78049, TAMPA FL 33675  
 Mailing Address: 1102 N 28TH STREET, P O BOX 78049, TAMPA FL 33675

3. Date Incorporated or Qualified: 07/19/1972  
 3a. Date of Last Report: 04/25/1994

2. Principal Place of Business: 21  
 2a. Mailing Address: 26

4. FEI Number: 59-1409858  
 Applied For: Not Applicable

Suite, Apt. #, etc.: 22

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

City & State: 27

6. Election Campaign Financing: Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip: 24 Country: 25

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

City & State: 28

Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
 BRITTON, HARRY Y.  
 5142 LONDONDERRY LANE  
 (SADDLEBROOK)  
 WESLEY CHAPEL FL 33543

10. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                 |                        |
|-----------------|------------------------|
| TITLE           | VPD                    |
| NAME            | STANALAND, ARNOLD      |
| STREET ADDRESS  | 802 7TH ST             |
| CITY - ST - ZIP | BRADENTON, FL 00000    |
| TITLE           | P                      |
| NAME            | KOLVENBACH, DONALD M.  |
| STREET ADDRESS  | 2768 BUCKHORN OAKS     |
| CITY - ST - ZIP | SEFFNER FL             |
| TITLE           | CD                     |
| NAME            | HITCHCOCK, ROBERT JR   |
| STREET ADDRESS  | 507 SW 1ST AVENUE      |
| CITY - ST - ZIP | ALACHUA, FL 00000      |
| TITLE           | SD                     |
| NAME            | ALGE, JACK A.          |
| STREET ADDRESS  | 1229 COVE PLACE        |
| CITY - ST - ZIP | TAVARES FL             |
| TITLE           | TD                     |
| NAME            | SAPP, JAMES            |
| STREET ADDRESS  | 1910 VIRGINIA AVE #803 |
| CITY - ST - ZIP | FT MYERS, FL 00000     |
| TITLE           | D                      |
| NAME            | MCCALLISTER, JAMES     |
| STREET ADDRESS  | 100 LAKE AVE           |
| CITY - ST - ZIP | BABJON PARK FL         |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME            | TD PHELAN, JAMES J.   |
| 5.3 STREET ADDRESS  | 1425 EDGEWATER BCH. DR.   |
| 5.4 CITY - ST - ZIP | LAKE LANA, FL. 32805  |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 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 110.07(3)(b), 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: Donald M. Kolvenbach President 4/5/95 813/248-6102  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DONALD M. KOLVENBACH