

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 405195 (9)

1. Corporation Name

MERCHANTS INSURANCE, INC.



Principal Place of Business

1102 N 28TH STREET
P O BOX 76049
TAMPA FL 33675

Mailing Address

1102 N 28TH STREET
P O BOX 76049
TAMPA FL 33675

3. Date Incorporated or Qualified
07/19/1972

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1409858

Applied For

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRITTON, HARRY Y.
5142 LONDONDERRY LANE
(SADDLEBROOK)
WESLEY CHAPEL FL 33543

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME STANALAND, ARNOLD
STREET ADDRESS 802 7TH ST
CITY-ST-ZIP BRADENTON, FL 00000

DELETE

1.1 TITLE CD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE P
NAME KOLVENBACH, DONALD M.
STREET ADDRESS 2768 BUCKHORN OAKS
CITY-ST-ZIP SEFFNER FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE CD
NAME HITCHCOCK, ROBERT JR
STREET ADDRESS 507 SW 1ST AVENUE
CITY-ST-ZIP ALACHUA, FL 00000

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE SD
NAME ALGE, JACK A.
STREET ADDRESS 1229 COVE PLACE
CITY-ST-ZIP TAVARES FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE TD
NAME PHELAN, JAMES J
STREET ADDRESS 1425 EDGEWATER BEACH DRIVE
CITY-ST-ZIP LAKELAND FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME MCCALLISTER, JAMES
STREET ADDRESS 100 LAKE AVE
CITY-ST-ZIP BABJON PARK FL

DELETE

6.1 TITLE VCD
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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: *Donald M. Kolvenbach*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)