

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

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1409858	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip		Zip		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
23	Country	28	Country	6.	Election Campaign Financing Trust Fund Contribution	
24	Country	29	Country	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	CD
NAME	STANALAND, ARNOLD	1.2 NAME	
STREET ADDRESS	802 7TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	
NAME	KOLVENBACH, DONALD M.	2.2 NAME	
STREET ADDRESS	2768 BUCKHORN OAKS	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	
NAME	HITCHCOCK, ROBERT JR	3.2 NAME	
STREET ADDRESS	507 SW 1ST AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	ALGE, JACK A.	4.2 NAME	
STREET ADDRESS	1229 COVE PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	PHELAN, JAMES J	5.2 NAME	
STREET ADDRESS	1425 EDGEWATER BEACH DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	VCD
NAME	MCCALLISTER, JAMES	6.2 NAME	
STREET ADDRESS	100 LAKE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BABJON PARK 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: Donald M. Kolvenbach DATE: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)