

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33675-1049



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/19/1972	3a. Date of Last Report 04/23/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1409858	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOLVENBACH, DONALD M.	2.2 NAME	P JOHN F. TRIVENTO
STREET ADDRESS	2768 BUCKHORN OAKS	2.3 STREET ADDRESS	14805 CLAREDON DR.
CITY-ST-ZIP	SEFFNER FL	2.4 CITY-ST-ZIP	TAMPA, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALGE, JACK A.	3.2 NAME	SD TIMOTHY D. WYNN
STREET ADDRESS	1229 COVE PLACE	3.3 STREET ADDRESS	562 WEST PLACE
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP	NAPLES, FL.
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHELAN, JAMES J	4.2 NAME	
STREET ADDRESS	1425 EDGEWATER BEACH DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALLISTER, JAMES	5.2 NAME	
STREET ADDRESS	100 LAKE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BABJON PARK FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Pres + CEO 4-15-97 (813) 248-5781 (Ext 293)

CR2E034 (9/96)