

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

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 405195 (9)**  
 1. Corporation Name: **MERCHANTS INSURANCE, INC.**



Principal Place of Business <b>1102 N 28TH STREET P O BOX 76049 TAMPA FL 33675</b>	Mailing Address <b>1102 N 28TH STREET P O BOX 76049 TAMPA FL 33675-1049</b>
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<b>3. Date Incorporated or Qualified</b> 07/19/1972	<b>3a. Date of Last Report</b> 04/23/1996
<b>4. FEI Number</b> 59-1409858	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>21</b> Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

**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**

**B1** Name  
**B2** Street Address (P.O. Box Number is Not Acceptable)  
**B3**  
**B4** City **FL** **B5** 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**

TITLE	CD	<input type="checkbox"/> DELETE
NAME	STANALAND, ARNOLD	
STREET ADDRESS	802 7TH ST	
CITY-ST-ZIP	BRADENTON, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	<del>KOLVENBACH, DONALD M.</del>	
STREET ADDRESS	2768 BUCKHORN OAKS	
CITY-ST-ZIP	SEFFNER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<del>ALGE, JACK A.</del>	
STREET ADDRESS	1229 COVE PLACE	
CITY-ST-ZIP	TAVARES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PHELAN, JAMES J	
STREET ADDRESS	1425 EDGEWATER BEACH DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MCCALLISTER, JAMES	
STREET ADDRESS	100 LAKE AVE	
CITY-ST-ZIP	BABJON PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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 checked="" type="checkbox"/> Addition
2.2 NAME	P JOHN F. TRIVENTO
2.3 STREET ADDRESS	14805 CLAREDON DR.
2.4 CITY-ST-ZIP	TAMPA, FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD TIMOTHY D. WYNN
3.3 STREET ADDRESS	562 WEST PLACE
3.4 CITY-ST-ZIP	NAPLES, FL.
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 appointment with an address.

SIGNATURE: \_\_\_\_\_ **Pres + CEO** DATE: 4-15-97 (8/13) 248-5781 (Ext 293)

CR2E034 (9/96)