

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

1995



95 MAY -1 17 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730331 (6)

ASSOCIATED INDUSTRIES OF FLORIDA POLITICAL ACTION COMMITTEE, INC.

1. Name of Corporation		2a. Mailed Address		3. Date of Incorporation		3a. Date of Last Report	
516 N. ADAMS STREET TALLAHASSEE FL 32301		PO BOX 10085 TALLAHASSEE FL 32302		07/31/1974		04/28/1994	
2. Telephone Number		2b. Mailed Address		4. Telephone		August Fee	
				59-1541669		Not Applicable	
21. Subst. Act. # 1st		26. Subst. Act. # 1st		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22. Subst. Act. # 2nd		27. Subst. Act. # 2nd		6. This corporation pays Florida State Excise Taxes		\$5.00 May Be Added to Fees	
23. City		28. City		7. Nonprofit with 485 Section 501(c)(3) Tax Exempt Status		\$68.75 Supplemental Fee Not Required	
24. State		29. State		8. This corporation has liability for intangible tax under § 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHEBEL, JON L. 516 NORTH ADAMS STREET TALLAHASSEE FL 32301				B1. Name			
				B2. Street Address (P.O. Box Number is Not Accepted)			
				B3. City			
				B4. City FL B5. Zip Code			

11. Pursuant to the provisions of Sections 607.01(4), 607.01(5) and 607.01(6) of the Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Each change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am a resident and accept the responsibility for Sections 607.01(4), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. REGISTERED AGENTS	
NAME	C RANKIN, TOM L. PO BOX 1690/NA TAMPA FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD DAVIS, RICHARD M. 3404 WESTGROVE COURT TALLAHASSEE FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T YON, DAVID P. 4642 HighbroVe ROAD TALLAHASSEE FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD SHEBEL, JON L. 516 N. ADAMS STREET TALLAHASSEE FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied in this filing is true and correct and that I am duly qualified to execute this report as required by Chapter 197, Florida Statutes. I further certify that the information included in this report is true and correct and that my signature shall have the same legal effect as if it were signed by me in person. I am a resident and accept the responsibility for Sections 607.01(4), Florida Statutes, and that my name appears in the State of Florida's Corporate Records with an address.

SIGNATURE: SIGNATURE AND TITLE (PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

04-25-95 (904)224-7173