

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

APPROVED  
AND  
FILED

1995



95 MAY -1 17 12:00

STATE OF FLORIDA  
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	
21		26		59-1541669		Not Applicable	
22. State of Origin		27. State of Origin		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. City of Origin		28. City of Origin		6. Does this corporation have a Total Exempt Status?		\$5.00 May Be Added to Fees	
24. State		29. State		7. Nonprofit with 485 Section 501(c)(3) Tax Exempt Status?		\$68.75 Supplemental Fee Not Required	
25. City		30. City		8. Does corporation have liability for intangible tax under § 199.032, Florida Statutes?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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. State FL B5. Zip Code			

11. Pursuant to the provisions of Sections 607.01(1)(a), (1)(b) and 607.01(2)(a), 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. Such 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(1)(a), Florida Statutes.

SIGNATURE \_\_\_\_\_ Title of New Agent (if not registered agent) \_\_\_\_\_

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

14. I hereby certify that the information supplied in this filing is true and correct and complies with the provisions of Sections 607.01(1)(a), (1)(b) and 607.01(2)(a), Florida Statutes. I further certify that the information included on this filing was not or is supplemental and was reported in true and accurate and that my signature shall have the same legal effect as if it appeared on the original or a copy of this filing. I am the registered agent or authorized representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the State of Florida's Change of Information Form with an address.

SIGNATURE: (6) 04-25-95 (904) 224-7173  
SIGNATURE AND TITLE (PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)