

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **730331** (6)

1. Corporation Name  
**ASSOCIATED INDUSTRIES OF FLORIDA POLITICAL ACTION COMMITTEE, INC.**



600001859326  
-06/12/96--01022--017

Principal Place of Business: **516 N. ADAMS STREET TALLAHASSEE FL 32301**  
Mailing Address: **PO BOX 10085 TALLAHASSEE FL 32302**

3. Date Incorporated or Qualified: **07/31/1974**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.

4. FEI Number: **59-1541669**  
Applied For:  Not Applicable

23. City & State  
24. Zip  
25. Country  
26. City & State  
27. Zip  
28. Country  
29. Zip  
30. Country

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  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**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

**SIGNATURE**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>C</b> <input type="checkbox"/> DELETE             | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>RANKIN, TOM L.</b>                                | 1.2 NAME  |   |
| STREET ADDRESS             | <b>PO BOX 1690/NA</b>                                | 1.3 STREET ADDRESS                                    | <b>111 East Madison Street</b>  |
| CITY-ST-ZIP                | <b>TAMPA FL</b>                                      | 1.4 CITY-ST-ZIP                                       | <b>Tampa, Florida 33602</b>   |
| TITLE                      | <b>SD</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>DAVIS, RICHARD M.</b>                             | 2.2 NAME  |   |
| STREET ADDRESS             | <b>3404 WESTGROVE COURT</b>                          | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>                                | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>T</b> <input type="checkbox"/> DELETE             | 3.1 TITLE   | <b>T/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>YON, DAVID P.</b>                                 | 3.2 NAME  |   |
| STREET ADDRESS             | <b>4642 HighbroVe ROAD</b>                           | 3.3 STREET ADDRESS                                    | <b>356 Colt Court</b>   |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>                                | 3.4 CITY-ST-ZIP                                       | <b>Tallahassee, FL 32302</b>  |
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME                       | <b>SHEBEL, JON L.</b>                                | 4.2 NAME  |   |
| STREET ADDRESS             | <b>516 N. ADAMS STREET</b>                           | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TALLAHASSEE FL</b>                                | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                      | 5.1 TITLE   | <b>VC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       |  | 5.2 NAME  | <b>Zagorac, Michael Jr.</b>   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    | <b>201 East Kennedy Blvd., Suite 1611</b>   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       | <b>Tampa, Florida 33602</b>   |
| TITLE                      | <input type="checkbox"/> DELETE                      | 6.1 TITLE   | <b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  | <b>Johnson, Marian P.</b>   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    | <b>516 North Adams Street</b>   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       | <b>Tallahassee, Florida 32302</b>   |

*cc 5-1-96*

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FINANCIAL MANAGEMENT  
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14. I do hereby certify that the information provided 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jon L. Shebel - President & CEO**

03-01-96 (904)224-7173  
Date: Day, Date, Phone #

CR2E037 (12/95)