

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
**SHEBEL, JON L.
516 NORTH ADAMS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

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

Stamp: RECEIVED 96 JUN 24 PM 3:43 FINANCIAL MANAGEMENT

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: **Jon L. Shebel - President & CEO** (Handwritten signature)
Date: **03-01-96** (904) 224-7173

CR2E037 (12/95)