

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.

Principal Place of Business

516 N. ADAMS STREET  
TALLAHASSEE FL 32301

Mailing Address

PO BOX 10085  
TALLAHASSEE FL 32302



600001859326

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

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.

Suite, Apt. #, etc.

4. FEI Number

59-1541669

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes ☐ No

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

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

FL

85 Zip Code

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 not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE

NAME RANKIN, TOM L.  
STREET ADDRESS PO BOX 1690/NA  
CITY-ST-ZIP TAMPA FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

111 East Madison Street  
Tampa, Florida 33602

TITLE SD ☒ DELETE

NAME DAVIS, RICHARD M.  
STREET ADDRESS 3404 WESTGROVE COURT  
CITY-ST-ZIP TALLAHASSEE FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME YON, DAVID P.  
STREET ADDRESS 4642 Highbrook Road  
CITY-ST-ZIP TALLAHASSEE FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

T/D

356 Colt Court  
Tallahassee, FL 32312

TITLE PD ☐ DELETE

NAME SHEBEL, JON L.  
STREET ADDRESS 516 N. ADAMS STREET  
CITY-ST-ZIP TALLAHASSEE FL

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

VC

Zagorac, Michael Jr.  
201 East Kennedy Blvd., Suite 1611  
Tampa, Florida 33602

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

S/D

Johnson, Marian P.  
516 North Adams Street  
Tallahassee, Florida 32302

14. I do hereby certify that the information supplied 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Jon L. Shebel - President & CEO

03-01-96

(904) 224-7173

Date

Daytime Phone #

CR2E037 (12/95)