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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730331

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/31/1974

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

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VC DELETE
NAME ZAGORAC, MICHAEL JR
STREET ADDRESS 201 E KENNEDY BLVD., STE 1611
CITY-ST-ZIP TAMPA FL 33602

TITLE T DELETE
NAME YON, DAVID P.
STREET ADDRESS 516 N ADAMS
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE SD DELETE
NAME JOHNSON, MARION P
STREET ADDRESS 516 N. ADAMS ST
CITY-ST-ZIP TALLAHASSEE FL

TITLE D DELETE
NAME HINSON, CHARLES O III
STREET ADDRESS 101 N MONROE ST
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D DELETE
NAME HENDERSON, C E
STREET ADDRESS 101 N MONROE ST
CITY-ST-ZIP TALLAHASSEE FL 32301

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other lines empowered.

SIGNATURE:

SIGNATURE REQUIRED

04-30-99

(850) 224-7173

Date

Daytime Phone #

CR2E037 (1/198)