

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730331

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** ASSOCIATED INDUSTRIES OF FLORIDA POLITICAL ACTION COMMITTEE, INC.

**Current Principal Place of Business:**

516 N. ADAMS STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10085  
TALLAHASSEE, FL 32302

**New Mailing Address:**

FEI Number: 59-1541669      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PERDUE, TAMELA I  
516 NORTH ADAMS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: HINSON, CHARLES O III  
Address: 106 EAST COLLEGE AVE. STE 630  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T  
Name: MCRAE, ROBERT D  
Address: 516 N ADAMS  
City-St-Zip: TALLAHASSEE, FL 32301

Title: P  
Name: FEENEY, THOMAS C III  
Address: 516 N. ADAMS ST  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: BAILEY, DOUG S  
Address: ONE BUSCH PLACE - MC 202-8  
City-St-Zip: ST. LOUIS, MO 63118

Title: VC  
Name: HUNTER, WILLIAM  
Address: 307 WEST PARK AVENUE, SUITE 214  
City-St-Zip: TALLAHASSEE, FL 32301

Title: S  
Name: PERDUE, TAMELA I  
Address: 516 N ADAMS ST  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT D. MCRAE

T

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date