

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 # 758577 (1)

1. Corporation Name

ASSOCIATED INDUSTRIES OF FLORIDA



Principal Place of Business

Mailing Address

516 N ADAMS ST  
~~P.O. BOX 704~~  
TALLAHASSEE FL 32301  
US

P. O. BOX 784  
TALLAHASSEE FL 32302  
US

3. Date Incorporated or Qualified  
05/29/1981

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0148010

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. 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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE  
NAME KEESLER, ALLEN, J, JR  
STREET ADDRESS 3201-34TH ST. SOUTH  
CITY-ST-ZIP ST PETERSBURG FL

1.1 TITLE V/D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

TITLE C ☐ DELETE  
NAME EVANS, H.M, JR  
STREET ADDRESS 5262 LONGLEAF ST  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 4250 Lakeside Drive, Suite 206  
3.4 CITY-ST-ZIP

TITLE TS ☐ DELETE  
NAME WEST, ROBERT W  
STREET ADDRESS 3082 WATTFORD DR  
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE D ☐ DELETE  
NAME BARNETT, HOYT R  
STREET ADDRESS 1936 GEORGE JENKINS BLVD  
CITY-ST-ZIP LAKELAND FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 400001863664  
5.4 CITY-ST-ZIP -06/17/96--01043--018  
\*\*\*61.25

TITLE D ☒ DELETE  
NAME BOWDEN, TRAVIS J  
STREET ADDRESS P OBOX 1151  
CITY-ST-ZIP PENSACOLA FL

6.1 TITLE T/S/D ☐ Change ☒ Addition  
6.2 NAME Wackenhut, Richard R.  
6.3 STREET ADDRESS 1500 San Remo Avenue  
6.4 CITY-ST-ZIP Coral Gables, Florida 33146

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, in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon L. Shebel - President

03-01-96

(904)224-7173

Date

Daytime Phone #

CR2E037 (12/95)