

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

1995



07/12/02

FL 30A

DOCUMENT # 730331 (6)

ASSOCIATED INDUSTRIES OF FLORIDA POLITICAL ACTION COMMITTEE, INC.

516 N. ADAMS STREET
TALLAHASSEE FL 32301

PO BOX 10085
TALLAHASSEE FL 32302

3. Date of Incorporation or Organization	3a. Date of Last Report
07/31/1974	04/28/1994
4. Filing Number	5. Certificate of Status Desired
59-1541669	☐ \$8.75 Additional Fee Required
	☐ \$5.00 May Be Added to Fees
	☐ \$68.75 Supplemental Fee Not Required
	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Office Address	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City, State	27. City, State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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 Accepted)	
		83. City	
		84. State	85. Zip Code
		FL	

11. Pursuant to the provisions of Sections 607.04(1) and 607.04(2), Florida Statutes, this 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. Thereby, accept the appointment as registered agent. I am a resident of the State of Florida and accept the responsibility for the change under Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL REGISTERED AGENTS	
NAME	C RANKIN, TOM L. PO BOX 1690/NA TAMPA FL	NAME	
STREET ADDRESS	SD DAVIS, RICHARD M. 3404 WESTGROVE COURT TALLAHASSEE FL	STREET ADDRESS	
CITY	T YON, DAVID P. 4642 HIGHBROVE ROAD TALLAHASSEE FL	CITY	
STATE	PD SHEBEL, JON L. 516 N. ADAMS STREET TALLAHASSEE FL	STATE	
ZIP		ZIP	
COUNTRY		COUNTRY	
ADDITIONAL AGENTS		ADDITIONAL AGENTS	

14. I hereby certify that the information supplied in this filing is true and correct, and I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading.

SIGNATURE: _____
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-95 (904) 224-7173