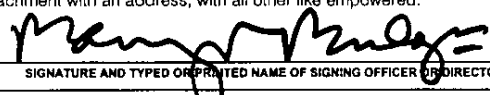


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 APR 27 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730331 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1541669	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHEBEL, JON L. 516 NORTH ADAMS STREET TALLAHASSEE, FL 32301				Name Bishop, Barney T. III	
				Street Address (P.O. Box Number is Not Acceptable) 516 North Adams Street	
				City Tallahassee, FL	
				Zip Code 32302	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				04/26/2006	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ZAGORAC, MICHAEL JR		NAME		
STREET ADDRESS	13300 INDIAN ROCKS ROAD #1204		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 337742012		CITY-ST-ZIP		
TITLE	T ☐ Delete		TITLE	T/D ☒ Change ☐ Addition	
NAME	MCRAE, ROBERT D		NAME		
STREET ADDRESS	516 N ADAMS		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	PD ☐ Delete		TITLE	CEO/D ☒ Change ☐ Addition	
NAME	SHEBEL, JON L.		NAME		
STREET ADDRESS	516 N. ADAMS STREET		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	SD ☐ Delete		TITLE	P/S ☒ Change ☐ Addition	
NAME	BISHOP, BARNEY T III		NAME		
STREET ADDRESS	516 N. ADAMS ST		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	HINSON, CHARLES O III		NAME		
STREET ADDRESS	106 E. COLLEGE AVENUE, SUITE 630		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	VC ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	WAYNE, DAVIS T		NAME		
STREET ADDRESS	1910 SAN MARCO BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			04/30/2006 (850)224-7173		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

4/27/06