

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730331

Entity Name: ASSOCIATED INDUSTRIES OF FLORIDA POLITICAL ACTION COMMITTEE, INC.**FILED**
Apr 16, 2013
Secretary of State
CC8629382625**Current Principal Place of Business:**516 N. ADAMS STREET
TALLAHASSEE, FL 32301**Current Mailing Address:**PO BOX 10085
TALLAHASSEE, FL 32302**FEI Number: 59-1541669****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PERDUE, TAMELA I
516 NORTH ADAMS STREET
TALLAHASSEE, FL 32301 US*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

Officer/Director Detail :

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

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

Title	P
Name	FEENEY, THOMAS CIII
Address	516 N. ADAMS ST
City-State-Zip:	TALLAHASSEE FL 32301

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

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

Title	S
Name	PERDUE, TAMELA I
Address	516 N ADAMS ST
City-State-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**TREASURER****04/16/2013**

Electronic Signature of Signing Officer/Director Detail

Date