

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758577

**Entity Name:** ASSOCIATED INDUSTRIES OF FLORIDA**Current Principal Place of Business:**516 N ADAMS ST  
TALLAHASSEE, FL 32301**Current Mailing Address:**P. O. BOX 784  
TALLAHASSEE, FL 32302 US**FEI Number:** 59-0148010**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PERDUE, TAMELA I  
516 N ADAMS ST  
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	D
Name	JENNINGS, MICHAEL A
Address	701 SAN MARCO BLVD 12TH FLOOR
City-State-Zip:	JACKSONVILLE FL 32207

Title	VC
Name	TRAVIESA, A T
Address	5550 WEST EXECUTIVE DRIVE, SUITE 550
City-State-Zip:	TAMPA FL 33609

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

Title	D
Name	HINSON, CHARLES OIII
Address	106 EAST COLLEGE AVENUE, SUITE 630
City-State-Zip:	TALLAHASSEE FL 32301

Title	VC
Name	HIGHTOWER, MICHAEL F
Address	4800 DEERWOOD CAMPUS PKWY (DC 3-4)
City-State-Zip:	JACKSONVILLE FL 32246

Title	D
Name	BAILEY, DOUG
Address	1401 I STREET NW SUITE 200
City-State-Zip:	WASHINGTON DC 20005

*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:** THOMAS C. FEENEY III**PRESIDENT****04/21/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date