


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90067 028 ****61.25

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		
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		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	C ZAGORAC, MICHAEL JR 201 E KENNEDY BLVD., STE 1611 TAMPA FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robert D. McRae <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 516 North Adams Street Tallahassee, FL 32301		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YON, DAVID P. <input checked="" type="checkbox"/> Delete 516 N ADAMS TALLAHASSEE FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director Barney T. Bishop III <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 516 North Adams Street Tallahassee, FL 32301		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEBEL, JON L. <input type="checkbox"/> Delete 516 N. ADAMS STREET TALLAHASSEE FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, MARIAN P <input checked="" type="checkbox"/> Delete 516 N. ADAMS ST TALLAHASSEE FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINSON, CHARLES O III <input type="checkbox"/> Delete 101 N MONROE STREET SUITE 1060 TALLAHASSEE FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WAYNE, DAVIS T <input type="checkbox"/> Delete 1910 SAN MARCO BLVD JACKSONVILLE FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		



MOORE CR2E037 (11/03)

4. FEI Number 59-1541669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jon L. Shebel President & CEO

03/26/04 (850) 224-7173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #