FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR 29 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **758577** **(1)**

1. Corporation Name

ASSOCIATED INDUSTRIES OF FLORIDA

Principal Place of Business	Mailing Address
516 N ADAMS ST P.O. BOX 784 TALLAHASSEE FL 32301 US	P. O. BOX 784 TALLAHASSEE FL 32302-0784 US

3. Date Incorporated or Qualified: 05/29/1981
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-0148010 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHEBEL, JON L
516 NORTH ADAMS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

100001633387--3
-05/02/97--01067--024
*****61.25 *****61.25

83

84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	KEESLER, ALLEN, J, JR		1.2 NAME		
STREET ADDRESS	3201-34TH ST. SOUTH		1.3 STREET ADDRESS	1345 SMALL HARBOR DRIVE, NE	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	ST PETERSBURG FL 33704-3033	
TITLE	P	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SHEBEL, JON L		2.2 NAME		
STREET ADDRESS	516 N.ADAMS ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	C	☒ DELETE	3.1 TITLE	TSD	☐ Change ☒ Addition
NAME	EVANS, H.,M, JR		3.2 NAME	BOWDEN, TRAVIS J.	
STREET ADDRESS	4250 LAKESIDE DRIVE SUITE 206		3.3 STREET ADDRESS	500 BAYFRONT PARKWAY	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	V	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	WEST, ROBERT W		4.2 NAME		
STREET ADDRESS	3082 WATTERFORD DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	☐ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	BARNETT, HOYT R		5.2 NAME		
STREET ADDRESS	1936 GEORGE JENKINS BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	TSD	☐ DELETE	6.1 TITLE	VCD	☒ Change ☐ Addition
NAME	WACKENHUT, RICHARD R		6.2 NAME		
STREET ADDRESS	1500 SAN REMO AVENUE		6.3 STREET ADDRESS	4200 WACKENHUT DRIVE #100	
CITY-ST-ZIP	CORAL GABLES FL 33146		6.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Jon L. Shebel 4/11/97 (904)224-7173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0006169