

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

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

03-29-2004 90067 026 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                                                                     |                                                                         |                                                                                                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 758577</b><br>1. Entity Name<br><b>ASSOCIATED INDUSTRIES OF FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     |                                                                                     |                                                                         |                                                            |  |
| Principal Place of Business<br><b>516 N ADAMS ST<br/>P.O. BOX 784<br/>TALLAHASSEE FL 32301<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     |                                                                                     | Mailing Address<br><b>P. O. BOX 784<br/>TALLAHASSEE FL 32302<br/>US</b> |                                                                                                                                             |  |
| 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                                                                                                 |  |
| <b>SHEBEL, JON L<br/>516 NORTH ADAMS STREET<br/>TALLAHASSEE FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                     |                                                                                     |                                                                         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b>      Zip Code       </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                     |                                                                                     |                                                                         |                                                                                                                                             |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                         | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     | <b>Make Check Payable to<br/>Florida Department of State</b>                        |                                                                         |                                                                                                                                             |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                     |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                   |                                                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>CD<br/>KEESLER, ALLEN J JR<br/>1345 SNELL HARBOR DRIVE, N.E.<br/>ST PETERSBURG FL 33704-3033</b> <input type="checkbox"/> Delete |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>P<br/>SHEBEL, JON L<br/>516 N ADAMS ST<br/>TALLAHASSEE FL 32301</b> <input type="checkbox"/> Delete                              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>VD<br/>WEST, ROBERT W<br/>2335 CAREFREE COVE<br/>TALLAHASSEE FL 32308-5777</b> <input type="checkbox"/> Delete                   |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>VC<br/>LACHER, JOSEPH P<br/>150 W. FLAGLER ST., STE. 1901<br/>MIAMI FL 33130</b> <input type="checkbox"/> Delete                 |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>D<br/>SPEARMAN, GUY M III<br/>516 DELANNOY AVE.<br/>COCOA FL 32922-7814</b> <input type="checkbox"/> Delete                      |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                                     |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |  |
| 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 another like empowered. |                                                                                                                                     |                                                                                     |                                                                         |                                                                                                                                             |  |
| <b>SIGNATURE: Jon L. Shebel</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                     |                                                                                     | <b>President &amp; CEO</b><br><small>Date</small>                       |                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                                                                     | <b>03/26/04</b><br><small>Daytime Phone #</small>                       |                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                                                                     | <b>(850) 224-7173</b>                                                   |                                                                                                                                             |  |



MOORE CR2E037 (11/03)