Apr 28, 2008 8:00 am Secretary of State 2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT #F59141 04-28-2008 90336 034 ***150.00 1. Entity Name ASSOCIATED INDUSTRIES OF FLORIDA SERVICE CORPORATION Principal Place of Business Mailing Address 516 N ADAMS ST P.O. BOX 784 TALLAHASSEE, FL 32302 TALLAHASSEE, FL 32301 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04232008 Cha-P CR2E034 (12/06) Applied For 4. FE! Number City & State City & State 59-2146922 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BISHOP, BARNEY T III Street Address (P.O. Box Number is Not Acceptable) 516 NORTH ADAMS STREET TALLAHASSEE, FL 32302 City Zip Code FL 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. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. С Change ☐ Addition TITLE ☐ Delete TITLE NAME ZAGORAC, MICHAEL JR MAME 13300 INDIAN ROCKS RD #1204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 337742012 VC TITLE ☐ Change Addition TITLE Delete SHEBEL, JON L. Michael A. Jennings NAME NAME STREET ADDRESS 516 N. ADAMS STREET STREET ADDRESS 701 San Marco Blvd., 12th Floor CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32301 Jacksonville, FL 32207 Change TITLE ☐ Delete TITLE Addition NAME KEESLER, ALLEN J. JR. NAME STREET ADDRESS 1345 SNELL HARBOR DRIVE NE STREET ADDRESS ST. PETERSBURG, FL 337043033 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE BISHOP, BARNEY T III NAME NAME STREET ADDRESS 516 N ADAMS ST STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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.

CITY-ST-ZIP

SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Barney T. Bishop III

CITY-ST-ZIP

04/25/2008

(850) 224-7173

FILED