FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

NON-PROFIT
CORPORATION
ANNUAL REPORT
1996

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

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # N96000002280 (2)

1. Corporation Name

ASSOCIATED INDUSTRIES OF FLORIDA TRAINING AND ED UCATION CORPORATION, INC.

Principal Place of Business
516 N. ADAMS STREET
TALLAHASSEE FL 32301

Mailing Address
P.O. BOX 784
TALLAHASSEE FL 32302
US

3. Date Incorporated or Qualified: **08/04/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3247261** 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

JON L. SHEBEL
516 N. ADAMS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WEST, ROBERT W	1.2 NAME	200001805982
STREET ADDRESS	3082 WATERFORD DRIVE	1.3 STREET ADDRESS	-05/03/96--01009--010
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHEBEL, JON L	2.2 NAME	
STREET ADDRESS	516 N. ADAMS STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	2.4 CITY-ST-ZIP	
TITLE	VTD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	YON, DAVID P	3.2 NAME	
STREET ADDRESS	516 N. ADAMS STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	St 4/26
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added in Block 13 with an address.

SIGNATURE: _____ 03-01-96 (904)224-7173
SIGNATURE AND TYPE OR PRINT NAME OF CHANGING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
Jon L. Shebel President & CEO

CR2E034 (12/95)