

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 12:38

DOCUMENT # 849108 (6)

1. Corporation Name

MARLBORO INDUSTRIAL PARK, INCORPORATED

Principal Place of Business

Mailing Address

SOUTH RACE AND RIVERSIDE DRIVE
MILLVILLE NJ 08332

SOUTH RACE AND RIVERSIDE DRIVE
MILLVILLE NJ 08332

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

05/12/1981

08/17/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

22-1710941

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUHRS, WARREN R.
% HUNTER MARINE CORPORATION
ROUTE 441/P.O. BOX 1030
ALACHUA FL 32815

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LUHRS, JOHN H
STREET ADDRESS P.O. BOX 1030, ROUTE 441
CITY-ST-ZIP ALACHUA FL 32815

TITLE VPD
NAME LUHRS, WARREN R
STREET ADDRESS P.O. BOX 1030, ROUTE 441
CITY-ST-ZIP ALACHUA FL 32815

TITLE T
NAME JETT, DANIEL N
STREET ADDRESS P.O. BOX 1030, ROUTE 441
CITY-ST-ZIP ALACHUA FL 32815

TITLE S
NAME DINGLER, BRIAN
STREET ADDRESS SOUTH RACE AND RIVERSIDE DRIVE
CITY-ST-ZIP MILLVILLE NJ 08332

TITLE AS
NAME MCOMBER, RICHARD
STREET ADDRESS 54 SHREWSBURG AVENUE
CITY-ST-ZIP RED BANK NJ 07701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Treasurer Change Addition
3.2 NAME Dingler, Brian
3.3 STREET ADDRESS South Race & Riverside Drive
3.4 CITY-ST-ZIP Millville, NJ 08332

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or appointment 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 applicable, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/95
Date

609/825-4117
Telephone (Area #)