

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

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95 APR 13 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 849108

1. Corporation Name

Marlboro Industrial Park, Incorporated

Principal Place of Business Mailing Address

South Race and Riverside Dr. South Race and
Millville, NJ 08332 Riverside Drive
Millville, NJ 08332

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 200 Laura Street		5/12/81		8/17/94	
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number		Applied For	
22		27		22-1710941		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28 Jacksonville, FL		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		29 32202		30 Duval	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent

Luhrs, Warren R.
c/o Hunter Marine Corporation
Route 441/P.O. Box 1030
Alachua, FL 32615

10. Name and Address of New Registered Agent

B1 Name
F&L Corp.
B2 Street Address (P.O. Box Number is Not Acceptable)
200 Laura Street
B3
B4 City
Jacksonville FL B5 Zip Code
32202

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 F&L CORP. By: *[Signature]* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luhrs, John H	1.2 NAME	
STREET ADDRESS	P.O. Box 1030, Route 441 (N/A)	1.3 STREET ADDRESS	
CITY- ST- ZIP	Alachua, FL 32615	1.4 CITY- ST- ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luhrs, Warren R	2.2 NAME	300001456369
STREET ADDRESS	P.O. Box 1030, Route 441 (N/A)	2.3 STREET ADDRESS	-04/14/95--01026 013
CITY- ST- ZIP	Alachua, FL 32615	2.4 CITY- ST- ZIP	***200.00 ***200.00
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jett, Daniel N	3.2 NAME	
STREET ADDRESS	P.O. Box 1030, Route 441	3.3 STREET ADDRESS	
CITY- ST- ZIP	Alachua, FL 32615	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dingler, Brian	4.2 NAME	ST
STREET ADDRESS	South Race and Riverside Drive	4.3 STREET ADDRESS	Dingler, Brian
CITY- ST- ZIP	Millville, NJ 08332	4.4 CITY- ST- ZIP	South Race and Riverside Drive Millville, NJ 08332
TITLE	AS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McOmber, Richard	5.2 NAME	
STREET ADDRESS	54 Shrewsbury Avenue	5.3 STREET ADDRESS	54 Shrewsbury Avenue
CITY- ST- ZIP	Red Bank, NJ 07701	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	V
STREET ADDRESS		6.3 STREET ADDRESS	Spires, Charles
CITY- ST- ZIP		6.4 CITY- ST- ZIP	P.O. Box 1030 Rt. 441 (N/A) Alachua, FL 32615

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 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, in person 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 of this report, or other attachment, with an address.

SIGNATURE: *[Signature]* 3/7/95 (908)842-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD D. McOMBER