

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **849108** (6)

1. Corporation Name
MARLBORO INDUSTRIAL PARK, INCORPORATED



Principal Place of Business: **SOUTH RACE AND RIVERSIDE DRIVE MILLVILLE NJ 08332**
Mailing Address: **200 LAURA STREET JACKSONVILLE FL 32202**

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

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

3. Date Incorporated or Qualified: **05/12/1981**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **22-1710941**
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 Statute: Yes No

9. Name and Address of Current Registered Agent
**F&L CORP
200 LAURA STREET
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statute, 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Sections 607.0409, Florida Statute.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUHRS, JOHN H	
STREET ADDRESS	P.O. BOX 1030, ROUTE 441 N/A	
CITY- ST- ZIP	ALACHUA FL 32615	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LUHRS, WARREN R	
STREET ADDRESS	P.O. BOX 1030, ROUTE 441 N/A	
CITY- ST- ZIP	ALACHUA FL 32615	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DINGLER, BRIAN	
STREET ADDRESS	SOUTH RACE & RIVERSIDE DRIVE	
CITY- ST- ZIP	MILLVILLE NJ	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DINGLER, BRIAN	
STREET ADDRESS	SOUTH RACE AND RIVERSIDE DRIVE	
CITY- ST- ZIP	MILLVILLE NJ 08332	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCOMBER, RICHARD	
STREET ADDRESS	54 SHREWSBURY AVENUR	
CITY- ST- ZIP	RED BANK NJ 07701	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPIRES, CHARLES	
STREET ADDRESS	P.O. BOX 1030 RT 441 N/A	
CITY- ST- ZIP	ALACHUA FL 32615	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY- ST- ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY- ST- ZIP	
4. NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. STREET ADDRESS	AS Richard Ash 255 Diesel Road St. Augustine, FL 32086
44. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY- ST- ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct, and that the information is true and correct, 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 person or trustee empowered to execute this report as required by Chapter 607, Florida Statute, and that my name appears in Block 12 or Block 13 if checked on or after filing with an address.

SIGNATURE: *John N. Luhrs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN N. LUHRS

9/10/96 (904) 829-0500

CR2E034 (12/95)