

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90122 037 ***150.00

DOCUMENT # 849108

1. Corporation Name MARLBORO INDUSTRIAL PARK, INCORPORATED



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1981

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 owes the current year Intangible Personal Property Tax: Yes No

Principal Place of Business: 255 DIESEL RD ST AUGUSTINE FL 32086 US

Mailing Address: 200 LAURA STREET JACKSONVILLE FL 32202

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

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 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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUHRS, WARREN R	2.2 NAME	
STREET ADDRESS	P.O. BOX 1030, ROUTE 441 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINGLER, BRIAN	3.2 NAME	
STREET ADDRESS	255 DIESEL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASH, RICHARD	4.2 NAME	
STREET ADDRESS	255 DIESEL ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCOMBER, RICHARD	5.2 NAME	
STREET ADDRESS	54 SHREWSBURY AVENUR	5.3 STREET ADDRESS	
CITY-ST-ZIP	RED BANK NJ 07701	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIRES, CHARLES	6.2 NAME	
STREET ADDRESS	P.O. BOX 1030 RT 441 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALACHUA FL 32615	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 2/9/99 (732) 842-6500

CR2E034 (11/98)