

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N04308 (5)**

1. Corporation Name
MORRIS INDUSTRIAL PARK OWNERS ASSOCIATION, INC.



Principal Place of Business
**2033 MAIN ST. STE 600
POSTAL DRAWER 4195
SARASOTA FL 34230**

Mailing Address
**2033 MAIN ST. STE 600
POSTAL DRAWER 4195
SARASOTA FL 34230**

3. Date Incorporated or Qualified **07/23/1984** 3a. Date of Last Report **08/23/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 58-1824318		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent

**BARTLETT, CHARLES J.
2033 MAIN ST. STE 600
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARSHALL, CHARLES L. II			1.2 NAME	JOHN J. FELLIN		
STREET ADDRESS	900 S.PERRY STREET			1.3 STREET ADDRESS	565 PAUL MORRIS DR.		
CITY-ST-ZIP	DAYTON OH			1.4 CITY-ST-ZIP	BRIDGEWOOD, FL 34223		
TITLE	VST	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL, JOHN L.			2.2 NAME			
STREET ADDRESS	900 S.PERRY STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTON OH			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL, JOHN L.			3.2 NAME			
STREET ADDRESS	900 S.PERRY STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTON OH			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	900001797259	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTLETT, CHARLES J.			4.2 NAME	-04/29/96--01014--045		
STREET ADDRESS	200 S.WASHINGTON BLVD.			4.3 STREET ADDRESS	***61.25		
CITY-ST-ZIP	SARASOTA FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles J. Bartlett 4/15/96 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)