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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32202-3500

3. Date Incorporated or Qualified

05/12/1981

3a. Date of Last Report

04/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

22-1710941

Applied For

Not Applicable

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 Statutes

☒ 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

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

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	AS	<input type="checkbox"/> DELETE
NAME	ASH, RICHARD	
STREET ADDRESS	255 DIESEL ROAD	
CITY - ST - ZIP	ST. AUGUSTINE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCOMBER, RICHARD	
STREET ADDRESS	54 SHREWSBURY AVENUE	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD D. MCOMBER

1/27/97

Date

Daytime Phone #

(908) 842-6500

CR2E034 (9/96)