

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 255 Diesel Road Suite, Apt. #, etc. 22 City & State 23 St. Augustine, FL Zip 24 32086 Country 25		2a. Mailing Address 26 same as above Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 05/12/1981	
		4. FEI Number 22-1710941		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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	
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	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINGLER, BRIAN	3.2 NAME	
STREET ADDRESS	SOUTH RACE & RIVERSIDE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILLVILLE NJ	3.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	AS	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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCOMBER, RICHARD	5.2 NAME	
STREET ADDRESS	54 SHREWSBURY AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	RED BANK NJ 07701	5.4 CITY-ST-ZIP	
TITLE	V	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.

SIGNATURE:  Asst. Sec. 2/6/98 (732)842-6500

CR2E034 (1097)