

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K66753 (0)

1. Corporation Name

OAK HILL INDUSTRIAL PARTNERS, INC.

Principal Place of Business

P.O. BOX 465  
FARMINGDALE NJ 07727

Mailing Address

P.O. BOX 465  
FARMINGDALE NJ 07727

2. Principal Place of Business

2a. Mailing Address

21 5050 Industrial Rd

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Wall Township N.J.

24 Zip 07719

25 Monmouth

29 Zip

30 Country

9. Name and Address of Current Registered Agent

WILKINS, ROBERT C., JR.  
230 LOOKOUT PLACE  
SUITE 1800  
MAITLAND FL 32751

3. Date Incorporated or Qualified  
02/20/1989

3a. Date of Last Report  
04/04/1995

4. FEI Number

59-2937550

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

10. Name and Address of New Registered Agent

81 Name

Thomas D Scanlon

82 Street Address (P.O. Box Number is Not Acceptable)

CNA Building (Carlton Fields)

83

255 South Orange Ave

84 City

Orlando

FL

85 Zip Code 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 title, if applicable

Thomas D. Scanlon

3/22/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME THERIOT, TIMOTHY  
STREET ADDRESS 4437 LARADO PL  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D  
NAME HARKRADER, JOHN P., JR.  
STREET ADDRESS 5050 INDUSTRIAL RD  
CITY-ST-ZIP WALL NJ

☐ DELETE

TITLE D  
NAME FRANKLIN, JOSEPH  
STREET ADDRESS 45 SPRINGFIELD AVE.  
CITY-ST-ZIP SPRINGFIELD NJ

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 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

18 Mar 96

908-938-7277

Date

Daytime Phone #

CR2E034 (12/95)