

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90045 040 \*\*\*\*61.25

**DOCUMENT # N04308**

1. Entity 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**

**50012311**



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**58-1824318**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE - PD  
NAME - MARSHALL, CHARLES L. II  
STREET ADDRESS - 900 S.PERRY STREET  
CITY-ST-ZIP - DAYTON, OH

TITLE - VST  
NAME - MARSHALL, JOHN L.  
STREET ADDRESS - 900 S.PERRY STREET  
CITY-ST-ZIP - DAYTON, OH

TITLE - D  
NAME - MARSHALL, JOHN L.  
STREET ADDRESS - 900 S.PERRY STREET  
CITY-ST-ZIP - DAYTON, OH

TITLE - D  
NAME - FELLIN, JOHN J  
STREET ADDRESS - 565 PAUL MORRIS DR.  
CITY-ST-ZIP - ENGLEWOOD, FL 34223

TITLE -  
NAME -  
STREET ADDRESS -  
CITY-ST-ZIP -

TITLE -  
NAME -  
STREET ADDRESS -  
CITY-ST-ZIP -

PLEASE REMOVE

JOHN J FELLIN

AS DIRECTOR

THANKS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DIRECTOR**

1/10/04