

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

FILED

Apr 25 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 830826

(4)

1. Corporation Name

LANDSTAR POOLE, INC.

Principal Place of Business

BATES ROAD
P. O. DRAWER 500
EVERGREEN AL 36401
US

Mailing Address

P.O. BOX 898
SHELTON CT 06484-0898
US



3. Date Incorporated or Qualified

09/11/1973

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

63-0571968

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

VT

☐ DELETE

NAME

ADAMS, J. MILTON

STREET ADDRESS

TED BATES ROAD

CITY-ST-ZIP

EVERGREEN AL

TITLE

V

☐ DELETE

NAME

LAROSE, ROBERT C

STREET ADDRESS

1000 BRIDGEPORT AVE

CITY-ST-ZIP

SHELTON CT

TITLE

VATD

☐ DELETE

NAME

GERKENS, HENRY H.

STREET ADDRESS

1000 BRIDGEPORT AVENUE

CITY-ST-ZIP

SHELTON CT

TITLE

AS

☐ DELETE

NAME

GANTT, BARBARA C

STREET ADDRESS

BATES RD

CITY-ST-ZIP

EVERGREEN AL

TITLE

PD

☒ DELETE

NAME

BURBAGE, ROBERT

STREET ADDRESS

BATES ROAD

CITY-ST-ZIP

EVERGREEN AL

TITLE

VS

☐ DELETE

NAME

HARVEY, MICHAEL L

STREET ADDRESS

1000 BRIDGEPORT AVE

CITY-ST-ZIP

SHELTON CT

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:

ROBERT C. LAROSE

203/925-2900

4/15/97

ROBERT C. LAROSE

203/925-2900

CR2E034 (9/96)