

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

FILED

**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 09/11/1973	3a. Date of Last Report 04/24/1996
4. FEI Number 63-0571968	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83				84 City	

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VT	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, J. MILTON		1.2 NAME		
STREET ADDRESS	TED BATES ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	EVERGREEN AL		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAROSE, ROBERT C		2.2 NAME		
STREET ADDRESS	1000 BRIDGEPORT AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SHELTON CT		2.4 CITY-ST-ZIP		
TITLE	VATD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERKENS, HENRY H.		3.2 NAME		
STREET ADDRESS	1000 BRIDGEPORT AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SHELTON CT		3.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANTT, BARBARA C		4.2 NAME		
STREET ADDRESS	BATES RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	EVERGREEN AL		4.4 CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURBAGE, ROBERT		5.2 NAME	MARTIN, JAMES R.	
STREET ADDRESS	BATES ROAD		5.3 STREET ADDRESS	BATES ROAD	
CITY-ST-ZIP	EVERGREEN AL		5.4 CITY-ST-ZIP	EVERGREEN, AL 36401	
TITLE	VS	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, MICHAEL L		6.2 NAME		
STREET ADDRESS	1000 BRIDGEPORT AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SHELTON CT		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 mandated, or on an attachment with an address.

SIGNATURE: *[Signature]* **ROBERT C. LAROSE** 203/925-2900 4/15/97

CR2E034 (9/96)