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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 830826

1. Corporation Name
LANDSTAR POOLE, INC.

Principal Place of Business	Mailing Address
TED BATES ROAD P. O. DRAWER 500 EVERGREEN AL 36401 US	4160 WOODCOCK DRIVE ATTN: CORP TAX DEPT JACKSONVILLE FL 32207 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 4160 WOODCOCK DRIVE Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 JACKSONVILLE, FL	28
24 Zip Country	29 Zip Country
32207 DUVAL	30

3. Date Incorporated or Qualified 09/11/1973	
4. FEI Number 63-0571968	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 the current year Intangible Personal Property Tax. <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	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTIN, JAMES R.	
STREET ADDRESS	TED BATES ROAD	
CITY-ST-ZIP	EVERGREEN AL 36401	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, J. MILTON	
STREET ADDRESS	TED BATES ROAD	
CITY-ST-ZIP	EVERGREEN AL 36401	
TITLE	VATD	<input type="checkbox"/> DELETE
NAME	GERKENS, HENRY H.	
STREET ADDRESS	4160 WOODCOCK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HARVEY, MICHAELN L.	
STREET ADDRESS	4160 WOODCOCK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GANNIT, BARBARA C.	
STREET ADDRESS	TED BATES ROAD	
CITY-ST-ZIP	EVERGREEN AL 36401	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAROSE, ROBERT C.	
STREET ADDRESS	4160 WOODCOCK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CROWE, JEFFREY C.
2.3 STREET ADDRESS	4160 WOODCOCK DRIVE
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HARVEY, MICHAEL L.
4.3 STREET ADDRESS	4160 WOODCOCK DRIVE
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: ROBERT C. LAROSE (904) 390-1234
 Date: 2/16/99 Daytime Phone # _____

CR2E034 (11/98)