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 # **P32638** **(9)**

1. Corporation Name

LANDSTAR GEMINI, INC.

Principal Place of Business	Mailing Address
4077 WOODCOCK DRIVE JACKSONVILLE FL 32207 US	P.O. BOX 898 SHELTON CT 06484 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **01/29/1991**

3a. Date of Last Report: **04/26/1995**

4. FEI Number: **25-1481895** ☐ 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

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

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	BOWRON, JOHN B.	
STREET ADDRESS	4057 CARMICHAEL AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	☐ DELETE
NAME	LUCCHESI, DONALD A.	
STREET ADDRESS	4077 WOODO=COCK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	☐ DELETE
NAME	HARVEY, MICHAEL L.	
STREET ADDRESS	FIRST SHELTON PLACE, 1000 BRIDGEPORT AVE.	
CITY-ST-ZIP	SHELTON CT 06484	
TITLE	V	☐ DELETE
NAME	KELLY, JERALD J	
STREET ADDRESS	4077 WOODCOCK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	☐ DELETE
NAME	LAROSE, ROBERT C	
STREET ADDRESS	1000 BRIDGEPORT AVENUE	
CITY-ST-ZIP	SHELTON CT	
TITLE	DV	☐ DELETE
NAME	GERKENS, HENRY H	
STREET ADDRESS	FIRST SHELTON PLACE, 1000 BRIDGEPORT AVE.	
CITY-ST-ZIP	SHELTON CT 06484	

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	4077 Woodcock Drive	
2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
3.1 TITLE	V/S	☒ Change ☐ Addition
3.2 NAME	Michael L. Harvey	
3.3 STREET ADDRESS	1000 Bridgeport Ave.	
3.4 CITY-ST-ZIP	Shelton, CT 06484	
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		

CR2E034 (12/95)

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 any attachment with an address.

SIGNATURE: _____ Robert C. Larose 4/19/96 (203)925-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #