FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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 698 SHELTON CT 06484-0698 US

3. Date Incorporated or Qualified: **01/29/1991**
3a. Date of Last Report: **04/23/1996**

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

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 XX 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOWRON, JOHN B.		1.2 NAME		
STREET ADDRESS	4057 CARMICHAEL AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	P/D	☐ Change XX Addition
NAME	LUCCHESI, DONALD A.		2.2 NAME	HERTWIG, JAMES R.	
STREET ADDRESS	4077 WOODCOCK DRIVE		2.3 STREET ADDRESS	4077 WOODCOCK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	VS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARVEY, MICHAEL L.		3.2 NAME		
STREET ADDRESS	1000 BRIDGEPORT AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SHELTON CT		3.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	4.1 TITLE	V	☐ Change XX Addition
NAME	KELLY, JERALD J		4.2 NAME	HANDOUSH, JIM	
STREET ADDRESS	4077 WOODCOCK DRIVE		4.3 STREET ADDRESS	4077 WOODCOCK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LAROSE, ROBERT C		5.2 NAME		
STREET ADDRESS	1000 BRIDGEPORT AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SHELTON CT		5.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	6.1 TITLE	V/T/D	XX Change ☐ Addition
NAME	GERKENS, HENRY H		6.2 NAME		
STREET ADDRESS	FIRST SHELTON PLACE, 1000 BRIDGEPORT AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SHELTON CT 06484		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ 4/22/97 ROBERT C. LAROSE 203/925-2900