

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
 1. Corporation Name
 LANDSTAR POOLE, INC. 830826

Principal Place of Business TED BATES ROAD PO DRAWER 500 EVERGREEN, AL 36401	Mailing Address C/O CORPORATE TAX DEPT. 4160 WOODCOCK DRIVE JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
09/11/1973

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 or has paid the current year Intangible Personal Property Tax due June 30. <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
86 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	PD	<input type="checkbox"/> DELETE
NAME	MARTIN, JAMES R.	
STREET ADDRESS	TED BATES ROAD	
CITY - ST - ZIP	EVERGREEN, AL 36401	
TITLE	VT	<input 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, MICHAEL L.	
STREET ADDRESS	4160 WOODCOCK DRIVE	
CITY - ST - ZIP	JACKSONVILLE, FL 32207	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GANTT, 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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), 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 ROBERT C. LAROSE 904-390-1234
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 5/30/98 Daytime Phone #

CR2E034 (10/97)