

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 # F94000003999 (9)

1. Corporation Name

LANDSTAR ITCO, INC.



Principal Place of Business

4057 CARMICHAEL AVE.  
PO BOX 898  
JACKSONVILLE FL 32207  
US

Mailing Address

1000 BRIDGEPORT AVENUE  
PO BOX 898  
SHELTON CT 06484

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/01/1994

3a. Date of Last Report

04/18/1995

4. FEI Number

59-3256606

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

C T CORPORATION SYSTEM  
1200 SOUTH 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:

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 C ☐ DELETE  
NAME CROWE, JEFFREY C  
STREET ADDRESS 1000 BRIDGEPORT AVENUE  
CITY-ST-ZIP SHELTON CT 06484

TITLE PD ☒ DELETE  
NAME LUCCHESI, DONALD A  
STREET ADDRESS 4057 CARMICHAEL AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE V ☒ DELETE  
NAME KELLY, JERALD J  
STREET ADDRESS 4057 CARMICHAEL AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE V ☒ DELETE  
NAME NOURY, PHILIP  
STREET ADDRESS 4057 CARMICHAEL AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE V ☒ DELETE  
NAME KIMMICH, JERE P SR  
STREET ADDRESS 4057 CARMICHAEL AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE V ☐ DELETE  
NAME LA ROSE, ROBERT C.  
STREET ADDRESS 1000 BRIDGEPORT AVE.  
CITY-ST-ZIP SHELTON CT

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

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

P/D ☐ Change ☒ Addition

James R. Hertwig

4057 Carmichael Ave.

Jacksonville, FL 32207

V/T ☐ Change ☒ Addition

James R. Martin

4057 Carmichael Ave.

Jacksonville, FL 32207

V/AT/D ☐ Change ☒ Addition

Henry H. Gerkens

1000 Bridgeport Ave.

Shelton, CT 06484

V/S ☐ Change ☒ Addition

Michael L. Harvey

1000 Bridgeport Ave.

Shelton, CT 06484

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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert C. LaRose 4/18/95 (203) 925-2900

CR2E034 (12/95)