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FILED

Apr 25 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 # F95000000045 (3)

1. Corporation Name

LANDSTAR T.L.C., INC.



Principal Place of Business

#1 TLC PARKWAY  
P.O. BOX 310  
ST. CLAIR MO 63077-0310

Mailing Address

1000 BRIDGEPORT AVENUE  
P.O. BOX 898  
SHELTON CT 06484-0898  
US

3. Date Incorporated or Qualified

01/04/1995

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

43-1698349

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

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	PD	<input type="checkbox"/> DELETE
NAME	KOONS, JOHN L.	
STREET ADDRESS	#1 TLC PARKWAY	
CITY-ST-ZIP	ST CLAIR MO	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HARVEY, MICHAEL L	
STREET ADDRESS	FIRST SHELTON PLACE, 1000 BRIDGEPORT AVE	
CITY-ST-ZIP	SHELTON CT	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GERKENS, HENRY H	
STREET ADDRESS	FIRST SHELTON PLACE, 1000 BRIDGEPORT AVE	
CITY-ST-ZIP	SHELTON CT	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CROWE, JEFFREY C	
STREET ADDRESS	FIRST SHELTON PLACE, 1000 BRIDGEPORT AVE	
CITY-ST-ZIP	SHELTON CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, EDDIE R	
STREET ADDRESS	4057 CARMICHAEL AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAROSE, ROBERT C.	
STREET ADDRESS	1000 BRIDGEPORT AVENUE	
CITY-ST-ZIP	SHELTON CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jeffrey L. Pundt	
1.3 STREET ADDRESS	1000 Simpson Drive	
1.4 CITY-ST-ZIP	Rockford, IL 61104	
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	V/AT/D	<input checked="" 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 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:

*Robert C. LaRose* REQUIRED

Robert C. LaRose

203/925-2900

4/15/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001832

CR2E034 (9/96)