

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90080 020 ***150.00

DOCUMENT # **F95000000045**

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

C/O CORPORATE TAX DEPT
P.O. BOX 19135
JACKSONVILLE FL 32245
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1995

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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
NAME PUNDT, JEFFREY J
STREET ADDRESS 1000 SIMPSON RD
CITY-ST-ZIP ROCKFORD IL 61102

TITLE VPS
NAME HARVEY, MICHAEL L
STREET ADDRESS 4160 WOODCOCK DR
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VPTD
NAME GERKENS, HENRY H
STREET ADDRESS 4160 WOODCOCK DR
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D
NAME CROWE, JEFFREY C
STREET ADDRESS 4160 WOODCOCK DR
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VP
NAME LAROSE, ROBERT C
STREET ADDRESS 4160 WOODCOCK DR
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE V
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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VS
2.2 NAME HARVEY, MICHAEL L.
2.3 STREET ADDRESS 4160 WOODCOCK DRIVE
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32207

3.1 TITLE VATD
3.2 NAME GERKENS, HENRY H.
3.3 STREET ADDRESS 4160 WOODCOCK DRIVE
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32207

4.1 TITLE CD
4.2 NAME CROWE, JEFFREY C.
4.3 STREET ADDRESS 4160 WOODCOCK DRIVE
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32207

5.1 TITLE V
5.2 NAME LAROSE, ROBERT C.
5.3 STREET ADDRESS 4160 WOODCOCK DRIVE
5.4 CITY-ST-ZIP JACKSONVILLE, FL 32207

6.1 TITLE VT
6.2 NAME ZIMMER, LAWRENCE E.
6.3 STREET ADDRESS 1000 SIMPSON ROAD
6.4 CITY-ST-ZIP ROCKFORD, IL 61102

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT C. LAROSE

Date

2/10/99

(904) 390-1234

Daytime Phone #

CR2E034 (11/98)