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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000000021 (3)**

1. Corporation Name
LANDSTAR LOGISTICS, INC.

Principal Place of Business	Mailing Address
4057 CARMICHAEL AVE. JACKSONVILLE FL 32207	4057 CARMICHAEL AVE. JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/1996

2. Principal Place of Business
21 4077 Woodcock Drive

Suite, Apt. #, etc.
22

City & State
23 Jacksonville, FL

Zip 24 32207 | Country 25 USA

2a. Mailing Address
26 c/o Corporate Tax Dept

Suite, Apt. #, etc.
27 PO Box 19135

City & State
28 Jacksonville, FL

Zip 29 32245 | Country 30 USA

4. FEI Number: 06-1266583 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 _____ 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	Director (Chairman)	☒ Change ☐ Addition
NAME	BOWRON, JOHN B		1.2 NAME	Jeffrey C. Crowe	
STREET ADDRESS	4057 CARMICHAEL AVE.		1.3 STREET ADDRESS	4160 Woodcock Drive	
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	DP	☐ DELETE	2.1 TITLE	President/Director	☒ Change ☐ Addition
NAME	HERTWIG, JAMES R		2.2 NAME	James R. Hertwig	
STREET ADDRESS	4057 CARMICHAEL AVE.		2.3 STREET ADDRESS	4077 Woodcock Drive	
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	DVT	☐ DELETE	3.1 TITLE	Director/VP/Treasurer	☒ Change ☐ Addition
NAME	GERKENS, HENRY H		3.2 NAME	Henry H. Gerkens	
STREET ADDRESS	1000 BRIDGEPORT AVE.		3.3 STREET ADDRESS	4160 Woodcock Drive	
CITY-ST-ZIP	SHELTON CT 06484		3.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	V	☐ DELETE	4.1 TITLE	VP/Controller	☒ Change ☐ Addition
NAME	LAROSE, ROBERT C		4.2 NAME	Robert C. LaRose	
STREET ADDRESS	1000 BRIDGEPORT AVE.		4.3 STREET ADDRESS	4160 Woodcock Drive	
CITY-ST-ZIP	SHELTON CT 06484		4.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CROWE, JEFFREY C		5.2 NAME		
STREET ADDRESS	1000 BRIDGEPORT AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SHELTON CT 06484		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	HARVEY, MICHAEL L		6.2 NAME	Michael L. Harvey	
STREET ADDRESS	1000 BRIDGEPORT AVE		6.3 STREET ADDRESS	4160 Woodcock Drive	
CITY-ST-ZIP	SHELTON CT		6.4 CITY-ST-ZIP	Jacksonville, FL 32207	

CR2E034 (10/97)

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.

SIGNATURE: _____ Robert C. LaRose 2/20/98 (904)390-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Telephone Number