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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P03736** **(6)**

1. Corporation Name
LANDSTAR RANGER, INC.

Principal Place of Business	*Mailing Address*
4057 CARMICHAEL AVE (ZIP: 32207) P O BOX 18060 JACKSONVILLE FL 32245	1000 BRIDGEPORT AVE P.O. BOX 898 SHELTON CT 06484-0898 US

3. Date Incorporated or Qualified: **10/18/1984**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: **52-1308199** ☐ 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
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** 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOWRON, JOHN B.		1.2 NAME		
STREET ADDRESS	4057 CARMICHAEL AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	ATS	XX DELETE	2.1 TITLE	V/S	☐ Change ☒ Addition
NAME	MARTIN, JAMES R.		2.2 NAME	Harvey, Michael L.	
STREET ADDRESS	4057 CARMICHAEL AVE		2.3 STREET ADDRESS	1000 Bridgeport Avenue	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Shelton, CT 06484	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAROSE, ROBERT C		3.2 NAME		
STREET ADDRESS	1000 BRIDGEPORT AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SHELTON CT		3.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GERKINS, HENRY H.		4.2 NAME		
STREET ADDRESS	1000 BRIDGEPORT AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SHELTON CT		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, EDDIE R.		5.2 NAME		
STREET ADDRESS	4057 CARMICHAEL AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCMANUS, WILLIAM T		6.2 NAME		
STREET ADDRESS	4057 CARMICHAEL AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 changed, or on an attachment with an address.

SIGNATURE: [signature] 4/18/97 Robert C. LaRose 203/925-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001536