

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

FILED

May 28 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>	<b>FLORIDA DEPARTMENT OF STATE</b> * Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**

1. Corporation Name

LANDSTAR RANGER, INC.

P03736

Principal Place of Business	Mailing Address
4057 CARMICHAEL DRIVE	C/O CORPORATE TAX DEPT.
JACKSONVILLE, FL 32207	4160 WOODCOCK DRIVE
	JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	10/18/1984	52-1308199	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23	28			
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30	

**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
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

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTER, GARY	1.2 NAME	
STREET ADDRESS	4057 CARMICHAEL AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32207	1.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, MICHAEL L.	2.2 NAME	
STREET ADDRESS	4160 WOODCOCK DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32207	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAROSE, ROBERT C.	3.2 NAME	
STREET ADDRESS	4160 WOODCOCK DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32207	3.4 CITY - ST - ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERKENS, HENRY H.	4.2 NAME	
STREET ADDRESS	4160 WOODCOCK DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32207	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, RUTH C.	5.2 NAME	
STREET ADDRESS	4057 CARMICHAEL AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32207	5.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLLADORI, JAY	6.2 NAME	
STREET ADDRESS	4057 CARMICHAEL AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32207	6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98

Date

904-390-1234

Daytime Phone #

CR2E034 (10/97)