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Annual Report
Filed 3-22-77

2 pgs.

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION ANNUAL REPORT
1977

Bruce A. Smethers
Secretary of State
Form COR 620

THIS REPORT MUST BE ACCOMPANIED BY A

APPROVED AND FILED
MAR 22 7 5 AM 1977
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

▶ **READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES** ◀

1. Name and Address of Corporation Principal Office:		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.	
176669 RYDER TRUCK RENTAL INC 3500 N.W. 82 AVE. %CORPORATE TAXES MIAMI FLA 33166		Street Address P.O. Box No. City State Zip Code	
If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.			

3. Date Incorporated or Qualified To Do Business in Florida	12/28/1953	4. Federal Employer Identification Number (FEIN)	59-0744035	5. Date of Last Report	1976
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6. Names and Street Addresses of Each Officer and Director				
Names of Officers and Directors	Title	Director (x)	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
YOUNG, G.M.	PRES	DIR	3600 NW 82 AVE.	MIAMI, FL
MURPHY, M.E.	V.P.		3600 NW 82 AVE.	MIAMI, FL
HERRON, J.M.		SEC	3600 N.W. 82 AVE.	MIAMI, FL
RYDER BARNES, L. O.		DIR	3600 NW 82 AVE.	MIAMI, FL
DICONNELL, D. K.	V.P.	DIR	3600 NW 82 AVE.	MIAMI, FL
BURNS, M.A.	TRES		3600 NW 82 AVE.	MIAMI, FL.

7. Registered Agent Information	Name	HERRON, JAMES M.	Street Address (Do NOT Use P.O. Box Number)	3600 NW 82ND AVE.
	City, State and Zip Code	MIAMI, FL 33152		
	Name	CT Corporation System	Street Address (Do NOT Use P.O. Box Number)	100 Biscayne Blvd.
	City, State and Zip Code	Miami, Florida 33132		

If you wish to change Registered Agent on this form, enter all new information here ▶

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Typed Name of Signing Officer	M. E. Murphy	Title	Vice President	Telephone Number	(305) 593-3695
Signature				Date	2-10-77

THIS REPORT MUST BE ACCOMPANIED BY THE \$5 FEE