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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000103478

1. Corporation Name

RYDER LEASE CO. 1, INC.

Principal Place of Business

Mailing Address

3600 N.W. 82ND AVENUE
MIAMI FL 331683600 N.W. 82ND AVENUE
MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1998

4. FEI Number

65-0904321

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.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

O'MEARA, VICKI A
3600 N.W. 82ND AVENUE
MIAMI FL 33168

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 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

PRESIDENT

1.3 STREET ADDRESS

JAMES B. GRIFFIN

1.4 CITY-ST-ZIP

3600 N.W. 82ND AVE

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

VP/D/AT

2.3 STREET ADDRESS

TOSHUA HIGH

2.4 CITY-ST-ZIP

3600 N.W. 82ND AVE

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

AT

3.3 STREET ADDRESS

JOAQUIN A. ALONSO

3.4 CITY-ST-ZIP

3600 N.W. 82ND AVE

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

VP/D

4.3 STREET ADDRESS

EDWIN A. HUSTON

4.4 CITY-ST-ZIP

3600 N.W. 82ND AVE

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

VP/S

5.3 STREET ADDRESS

VICKI A. O'MEARA

5.4 CITY-ST-ZIP

3600 N.W. 82ND AVE

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

VP/T

6.3 STREET ADDRESS

GLYNIS A. BRYAN

6.4 CITY-ST-ZIP

3600 N.W. 82ND AVE

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

JOAQUIN A. ALONSO
 TREAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99 (305) 500-4690
 Date Daytime Phone #

CR2E034 (11/98)