

176669

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Annual Report
Filed 6-30-78

2 pgs.

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION ANNUAL REPORT
1978



Bruce A. Smathers
Secretary of State

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE (Form COR 620) 12-1-77

FILED
JUN 30 9 00 AM '78
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 3600 N.W. 82 AVE. SCORPORATE TAXES MIAMI FLA 33166		Street Address	
		P.O. Box No.	
		City	
		State	Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	12/28/1953	4. Federal Employer Identification Number (FEIN)	59-0744085	5. Date of Last Report	1977
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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	X	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
BARNES, L. D.	DIR		3600 NW 82 AVE.	MIAMI, FL
O'CONNELL, D. K.	VP	X	3600 NW 82 AVE.	MIAMI, FL
BURNS, M.A.	TRES		3600 NW 82 AVE.	MIAMI, FL

7. Registered Agent Information	Name	HERRON, J.M.	Street Address (Do NOT Use P.O. Box Number)	3600 N.W. 82ND AVENUE
	City, State and Zip Code	MIAMI, FL 33152		
	If you wish to change Registered Agent on this form, enter all new information here ▶			
	Name		Street Address (Do NOT Use P.O. Box Number)	
	City, State and Zip Code			

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 807 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	D. K. O'Connell	Title	Vice President	Telephone Number	(305) 593-3041
Signature	D.K. O'Connell			Date	2-7-78

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