

314339

Annual Report
Filed 6-28-81

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2 pgs.

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

JUN 28 9 42 AM '81

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1981

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office: 314339 RYDER TRUCK LINES, INC. 2050 KINGS ROAD P.O. BOX 2408 JACKSONVILLE FLA 32203		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient. 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 3/03/1967	4. Federal Employer Identification Number (FEIN) 59-2262606	5. Date of Last Report 1980
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6. Names and Street Addresses of Each Officer and Director			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
HOEKENGA, E. N.	D	2050 KINGS RD.	JACKSONVILLE, FL
OVARD, W. H.	V	2050 KINGS RD.	JACKSONVILLE, FL
WALKER, W. H.	S	1500 WALNUT ST.	PHILADELPHIA, PA
TERRY, JOHN	D	1500 WALNUT ST.	PHILADELPHIA, PA
CHADWICK, H. BEAUTY	D	1500 WALNUT ST.	PHILADELPHIA, PA
MAINWARING, T. L.	P/D	2050 KINGS RD.	JACKSONVILLE, FL.
WILSON, J. R.	T	2050 KINGS RD.	JACKSONVILLE, FL.
REEVE, K.	V/D	2050 KINGS RD.	JACKSONVILLE, FL.

7. Registered Agent Information:		To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.
Name		
C. T. CORPORATION SYSTEM Street Address (Do NOT Use P.O. Box Number) 100 BISCAYNE BLVD. City, State and Zip Code MIAMI, FL. 33132		

8. See signature restrictions under instructions on reverse side of this form.
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 Effects As if Made Under Oath.

Typed Name of Signing Officer J. R. Wilson	Title TREASURER	Telephone Number 904-363-3111
Signature 	314339 07-20	7/14/81

DO NOT WRITE IN THIS SPACE

MAC 1201 9/1/81