

314339

Annual Report
Filed 6-30-69

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2 pgs.

Corporation Report and Tax Return for Foreign and Domestic Corporations

State of Florida
FLORIDA REVENUE COMMISSION
Tallahassee, Florida

Refer to This Number
in All Correspondence

This return is due
on July 1

RYDER TRUCK LINES INC
2050 KINGS ROAD
JACKSONVILLE FLA 32203

26-08-C-314339
03/03/67

1969

26-08 593041

1.33 5-0X

20.00

<p>1. <u>Ryder Truck Lines, Inc.</u> <small>(Give exact name of corporation)</small></p> <p>3. <u>P. O. Box 2408</u> <u>Jacksonville</u> <u>Duval</u> <u>Florida</u> <small>(Street or Post Office Box of principal place of business) (City) (County) (State)</small></p> <p>4. a. <u>E. N. Hoekenga</u> <u>President</u> <u>Jacksonville, Florida</u> <small>(Officers-Name) (Title) (Address)</small></p> <p>b. <u>W. D. Beatenbough</u> <u>Executive Vice President</u> " " c. <u>W. H. Ovard</u> <u>Vice President & Treasurer</u> " " d. <u>A. Lentz</u> <u>Secretary</u> " "</p> <p>5. a. <u>R. H. Stier</u> " " <small>(Directors-Name) (Law requires at least (3) three) (Address)</small></p> <p>b. <u>E. N. Hoekenga</u> " " c. <u>W. D. Beatenbough</u> " " d. <u>J. G. Rubenstein</u> <u>Philadelphia, Pennsylvania</u> <u>Alden S. Bennett</u> " "</p> <p>6. _____ <small>(Resident Agent Name) (Address)</small></p>	<p>2. <u>Common Carrier</u> <small>(General nature of business)</small></p>
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7. Last meeting of Directors 6 21 69 8. Corporation Active? No 9. If inactive, inactivity began _____
(Month - Day - Year) (Yes or No) (Month - Day - Year)

10. If inactive, will corporation begin business in the future? Yes 11. Date Incorporated 2-27-67 12. Date Qualified in Fla. _____
(Yes or No) (Month - Day - Year) (Month - Day - Year)

13. Total Authorized Capital Stock:

100 <small>(No. of shares with par value)</small>	\$	100.00 <small>(Par value each)</small>
	\$	
	\$	
	\$	
	\$	

14. Outstanding Capital Stock: (issued)

(a) _____	\$	None <small>(Total value)</small>
(b) _____	\$	
(c) _____	\$	
(d) Total (a) + (b) + (c)	\$	None <small>(Total value)</small>

15. Amount of tax Due \$ 20.00

16. Less Credit _____

17. Memo if any \$ _____

18. Amount of tax remitted with this return \$ 20.00

19. If foreign corporation, give amount of capital employed in Florida, \$ _____

20. If foreign corporation, give the number of States in which you do business _____

21. We, the undersigned, certify the above statement of facts to be true and correct as shown by our books.

By E. N. Hoekenga Secretary
STATE OF Florida
COUNTY OF Duval

Attest: A. Lentz Secretary

Personally appeared before me A. LENTZ
who deposes and says that he executed this certificate for and in behalf of said corporation and that the statement herein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this 30 day of June 19 69.

(Notary Seal) Notary Public, State of Florida at Large
My Commission Expires May 6, 1973
W. J. Beatenbough
Signature of Notary Public

Send Original (with Refund) to FLORIDA REVENUE COMMISSION, TALLAHASSEE, FLORIDA
Send First copy to Secretary of State, Tallahassee, Florida

PRC-108

(SEE INSTRUCTIONS ON BACK OF LAST COPY)

ORIGINAL