

314339

Annual Report
filed 6-29-79

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2 pgs.

JAN 3 RECD THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

**CORPORATION
ANNUAL REPORT**



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1979

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

DO NOT WRITE IN THIS SPACE

**APPROVED
AND
FILED**

JUN 29 5 43 PM 1979

REGISTRATION DIVISION
TALLAHASSEE, FLORIDA

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

1. Name and Address of Corporation Principal Office:

[314339]
RYDER TRUCK LINES INC
2050 KINGS ROAD
P.O. BOX 2408
[JACKSONVILLE FLA 32203]

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

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 _____

3. Date Incorporated or Qualified To Do Business in Florida

3/03/1967

4. Federal Employer Identification Number (FEIN)

59-1262606

5. Date of Last Report

1978

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
QVARU, W. H.	V	2050 KINGS RD.	JACKSONVILLE, FL
WALKER, W. H.	S	1500 WALNUT ST.	PHILADELPHIA, PA
CHRISTY, JOHN C	D	1500 WALNUT ST.	PHILADELPHIA, PA
CHADWICK, H BEATTY	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
Terry, John J.	D	1500 Walnut St.	Philadelphia, PA

7. Registered Agent Information

Name
C. L. CORPORATION SYSTEM
Street Address (Do NOT Use P.O. Box Number)
100 BISCAYNE BLVD.
City, State and Zip Code
MIAMI, FL 33132

If you wish to change Registered Agent on this form, enter all new information below.

Name _____
Street Address (Do NOT Use P.O. Box Number) _____
City, State and Zip Code _____

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) 353-3111

Signature

J. R. Wilson

Date

6/25/79