

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 14 AM 11:48

DOCUMENT # **S75026** (2)

1. Corporation Name  
**MCBRIAR CAP COMPANY, INC.**

Principal Place of Business  
**1307 STATE ST  
P O BOX 1505  
WAYCROSS GA 31501**

Mailing Address  
**1307 STATE ST  
P O BOX 1505  
WAYCROSS GA 31501**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/20/1991</b>	3a. Date of Last Report <b>06/21/1994</b>
21		26		4. FEI Number <b>59-3084063</b>	Applied For Not Applicable
22. Suits, Apt. #, etc.		27. Suits, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>RIDEN, THOMAS K. 4408 W. LINEBAUGH AVENUE NORTH TOWER, SUITE 400 TAMPA FL 33624</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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: Thomas K. Riden, Sr. V.P. DATE: 2/3/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>P D</b>
NAME	<b>JACOBSON, MARTIN</b>	1.2 NAME	<b>MacFarlan, Daniel G.</b>
STREET ADDRESS	<b>4408 W LINEBAUGH</b>	1.3 STREET ADDRESS	<b>4408 W. Linebaugh Ave</b>
CITY- ST- ZIP	<b>TAMPA FL</b>	1.4 CITY- ST- ZIP	<b>Tampa, FL 33624</b>
TITLE	<b>DM</b>	2.1 TITLE	<b>Delete</b>
NAME	<b>JACOBSON, RICHARD</b>	2.2 NAME	<b>this officer</b>
STREET ADDRESS	<b>4408 W LINEBAUGH</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>TAMPA FL</b>	2.4 CITY- ST- ZIP	
TITLE	<b>D</b>	3.1 TITLE	<b>PUGH, LAWRENCE R.</b>
NAME	<b>PUDH, LAWRENCE R.</b>	3.2 NAME	<b>(spelling)</b>
STREET ADDRESS	<b>1047 NORTH PARK ROAD</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>WYOMISSING PA</b>	3.4 CITY- ST- ZIP	
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>MCDONALD, MACKAY J.</b>	4.2 NAME	
STREET ADDRESS	<b>1047 NORTH PARK ROAD</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>WYOMISSING PA</b>	4.4 CITY- ST- ZIP	
TITLE	<b>V</b>	5.1 TITLE	
NAME	<b>RIDEN, THOMAS K.</b>	5.2 NAME	
STREET ADDRESS	<b>4408 W. LINEBAUGH AVENUE</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>TAMPA FL</b>	5.4 CITY- ST- ZIP	
TITLE	<b>V</b>	6.1 TITLE	<b>VT D</b>
NAME	<b>DERHOFER, GEORGE N.</b>	6.2 NAME	
STREET ADDRESS	<b>4408 W. LINEBAUGH AVENUE</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>TAMPA FL</b>	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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; that the register 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 from an attachment with an address.

SIGNATURE: George N. Derhofer DATE: 2/3/95 813-769-0122