

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

FILED
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 08/20/1991	3a. Date of Last Report 06/21/1994
21		26		4. FEI Number 59-3084063	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			
RIDEN, THOMAS K. 4408 W. LINEBAUGH AVENUE NORTH TOWER, SUITE 400 TAMPA FL 33624				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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	P	1.1 TITLE	P D
NAME	JACOBSON, MARTIN	1.2 NAME	MacFarlan, Daniel G.
STREET ADDRESS	4408 W LINEBAUGH	1.3 STREET ADDRESS	4408 W. Linebaugh Ave
CITY- ST- ZIP	TAMPA FL	1.4 CITY- ST- ZIP	Tampa, FL 33624
TITLE	DM	2.1 TITLE	Delete
NAME	JACOBSON, RICHARD	2.2 NAME	this officer
STREET ADDRESS	4408 W LINEBAUGH	2.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	PUGH, LAWRENCE R.
NAME	PUDH, LAWRENCE R.	3.2 NAME	(spelling)
STREET ADDRESS	1047 NORTH PARK ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	WYOMISSING PA	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	
NAME	MCDONALD, MACKAY J.	4.2 NAME	
STREET ADDRESS	1047 NORTH PARK ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	WYOMISSING PA	4.4 CITY- ST- ZIP	
TITLE	V	5.1 TITLE	
NAME	RIDEN, THOMAS K.	5.2 NAME	
STREET ADDRESS	4408 W. LINEBAUGH AVENUE	5.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	5.4 CITY- ST- ZIP	
TITLE	V	6.1 TITLE	VT D
NAME	DERHOFER, GEORGE N.	6.2 NAME	
STREET ADDRESS	4408 W. LINEBAUGH AVENUE	6.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	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