

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

**APPROVED
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95 APR 28 AM 10: 23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT**



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

DOCUMENT # 375026
1. Corporation Name
MCBRIAR CAP COMPANY, INC.

Principal Place of Business Mailing Address
1307 State Street 1307 State Street
P.O. Box 1505 P.O. Box 1505
Waycross, GA 31501 Waycross, GA 31501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
08/20/1991 02/03/1995

4. FEI Number Applied For / Not Applicable
59-3084063

5. Certificate of Status Desired \$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes res hu

2. Principal Place of Business 2a. Mailing Address

21 26

22. Suite, Apt #, etc 27. Suite, Apt #, etc

23. City & State 28. City & State

24. Zip Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**Riden, Thomas K.
4408 West Linebaugh Avenue
Tampa, Florida 33624**

NOTE CORRECTION IN THE ADDRESS ONLY

81 Name 82 Street Address (P O Box Number is Not Acceptable)

83 84 City 85 Zip Code

FL

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* DATE: **4/19/95**

12. OFFICERS AND DIRECTORS

TITLE P/D

NAME **MAC FARLAN, DANIEL G.**

STREET ADDRESS **4408 West Linebaugh Ave.**

CITY ST ZIP **Tampa, Florida 33624**

TITLE D

NAME **FUGH, LAWRENCE R.**

STREET ADDRESS **1047 North Park Road**

CITY ST ZIP **Wyomissing, PA 19610**

TITLE D

NAME **MCDONALD, MACKY J.**

STREET ADDRESS **1047 North Park Road**

CITY ST ZIP **Wyomissing, PA 19610**

TITLE D/T/V/CFO

NAME **DERHOFER, GEORGE N.**

STREET ADDRESS **4408 West Linebaugh Ave**

CITY ST ZIP **Tampa, Florida 33624**

TITLE V

NAME **RIDEN, THOMAS K.**

STREET ADDRESS **4408 West Linebaugh Ave.**

CITY ST ZIP **Tampa, Florida 33624**

TITLE V

NAME **DORAN, EDWARD M.**

STREET ADDRESS **4408 West Linebaugh Ave.**

CITY ST ZIP **Tampa, Florida 33624**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS **600001474946**

24 CITY ST ZIP **-05/04/95--01010--017**

31 TITLE *******61.25 *****51.25**

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE **CFO** Change Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE **v/Assistant Secretary/** Change Addition

52 NAME **General Counsel**

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or the receiver 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 on an attachment with an address.

SIGNATURE: *George N. Derhofer* DATE: **4/19/95** **813-969-6122**

OFFICER OR DIRECTOR (Type Name)

**AMENDED 1995 ANNUAL REPORT
MCBRIAR CAP COMPANY, INC.**

13. ADDITIONS OF OFFICERS - CONTINUED

TITLE V/COO
NAME OLTMAN, BENNETT
ADDRESS 4408 West Linebaugh Avenue
Tampa, Florida 33624

TITLE S
NAME TARNOSKI, LORI
ADDRESS 1047 N Park Ave.
Wyomissing, PA 19610

TITLE V
NAME BECKER, RICHARD E.
ADDRESS 4408 West Linebaugh Ave.
Tampa, Florida 33624

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