

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S75026 (2)**  
1. Corporation Name  
**MCBRIAR CAP COMPANY, INC.**



Principal Place of Business: **1307 STATE ST P O BOX 1506 WAYCROSS GA 31501**  
Mailing Address: **1307 STATE ST P O BOX 1506 WAYCROSS GA 31501**

3. Date Incorporated or Qualified: **08/20/1991**  
3a. Date of Last Report: **02/14/1995**  
4. FEI Number: **59-3084063**  
5. Certificate of Status Desired:  **\$8.75 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:  Yes  No

2. Principal Place of Business: **21**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
2a. Mailing Address: **26** **PO Box 1022**  
Suite, Apt. #, etc.: **27** **Attn: Tax Dept**  
City & State: **28** **Reading, PA**  
Zip: **29** **19603** Country: **30** **USA**

9. Name and Address of Current Registered Agent  
**RIDEN, THOMAS K.  
4408 W. LINEBAUGH AVENUE  
TAMPA FL 33624**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ Signature typed or printed name of registered agent available (if FEI) Registered Agent signature required when filing DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MACFARLAN, DANIEL G. 4408 W. LINEBAUGH AVE. TAMPA FL 33624	<input type="checkbox"/> DELETE	
TITLE	D PUGH, LAWRENCE R. 1047 NORTH PARK ROAD WYOMISSING PA 19610	<input type="checkbox"/> DELETE	
TITLE	D MCDONALD, MACKAY J. 1047 NORTH PARK ROAD WYOMISSING PA 19610	<input type="checkbox"/> DELETE	
TITLE	SVGC RIDEN, THOMAS K. 4408 W. LINEBAUGH AVENUE TAMPA FL 33624	<input type="checkbox"/> DELETE	
TITLE	CFO DERHOFER, GEORGE N. 4408 W. LINEBAUGH AVENUE TAMPA FL 33624	<input type="checkbox"/> DELETE	
TITLE	V DORAN, EDWARD M 4408 WEST LINEBAUGH AVE. TAMPA FL 33624	<input type="checkbox"/> DELETE	

1. TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2. NAME	Lori M. Tarnoski		
3. STREET ADDRESS	1047 N. Park Road		
4. CITY - ST - ZIP	Wyomissing PA 19610		
2. TITLE	Sr. VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2. NAME	Richard E Becker		
2.3 STREET ADDRESS	4408 W. Linebaugh Ave		
2.4 CITY - ST - ZIP	Tampa, FL 33624		
3.1 TITLE	Sr. VP COO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Bennett Oltman		
3.3 STREET ADDRESS	4408 W. Linebaugh Ave		
3.4 CITY - ST - ZIP	Tampa, FL 33624		
4.1 TITLE	VP, CFO, IT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Derhofer, George N.		
4.3 STREET ADDRESS	4408 W. Linebaugh Ave		
4.4 CITY - ST - ZIP	Tampa, FL 33624		
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	MacFarlan, Daniel G.		
5.3 STREET ADDRESS	1047 N. Park Road		
5.4 CITY - ST - ZIP	Wyomissing, PA 19610		
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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)(k), 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 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, unchanged, or on an attachment with an address.

SIGNATURE: *Lori M. Tarnoski* Lori M. Tarnoski  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

610 378-1151  
Dial New Phone #

CR2E034 (12/95)