

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	MACFARLAN, DANIEL G.	4408 W. LINEBAUGH AVE.	TAMPA FL 33624	<input type="checkbox"/>
D	PUGH, LAWRENCE R.	1047 NORTH PARK ROAD	WYOMISSING PA 19610	<input type="checkbox"/>
D	MCDONALD, MACKAY J.	1047 NORTH PARK ROAD	WYOMISSING PA 19610	<input type="checkbox"/>
SVGC	RIDEN, THOMAS K.	4408 W. LINEBAUGH AVENUE	TAMPA FL 33624	<input type="checkbox"/>
CFO	DERHOFER, GEORGE N.	4408 W. LINEBAUGH AVENUE	TAMPA FL 33624	<input type="checkbox"/>
V	DORAN, EDWARD M	4408 WEST LINEBAUGH AVE.	TAMPA FL 33624	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
Secretary	Lori M. Tarnoski	1047 N. Park Road	Wyomissing PA 19610	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sr. VP	Richard E Becker	4408 W. Linebaugh Ave	Tampa, FL 33624	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sr. VP COO	Bennett Oitman	4408 W. Linebaugh Ave	Tampa, FL 33624	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP, CFO, IT	Derhofer, George N.	4408 W. Linebaugh Ave	Tampa, FL 33624	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	MacFarlan, Daniel G.	1047 N. Park Road	Wyomissing, PA 19610	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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** 610 378-1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)