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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 1505
 WAYCROSS GA 31501**

Mailing Address
**P.O. BOX 1022
 ATTN: TAX DEPT
 READING PA 19603-1022
 US**

3. Date Incorporated or Qualified: **08/20/1991**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **59-3084063** Applied For: Not Applicable
 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 Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

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 **FL** 85 Zip Code

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 and title, if applicable (NONE: Registered Agent signature required when resigning) (DATE)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Wyomissing, PA 19610
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Sr. VP, Asst. Secretary + Gen. Counsel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Tampa, FL 33624
6.1 TITLE	Exec. Vice President (Sales) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 o 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 if changed, or on an attachment with an address.

SIGNATURE: *Thomas K. Riden*

610 378-1151

CR2E034 (9/96)