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 APR 12 PM 10:35

DOCUMENT # **G46342** **(3)**

1. Corporation Name
PBG FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
% DONALD R GRAHAM P.O. BOX 596 GRACEVILLE FL 32440	% DONALD R GRAHAM P.O. BOX 596 GRACEVILLE FL 32440

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/14/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2382703 ☐ 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

9. Name and Address of Current Registered Agent

GRAHAM, DONALD R
5306 BROWN ST
GRACEVILLE FL 32440

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	WAYMER, BRYAN W	12 NAME		
STREET ADDRESS	1188 10TH AVE.	13 STREET ADDRESS		
CITY ST ZIP	GRACEVILLE FL 32440	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	PELHAM, CLIFFORD	22 NAME		
STREET ADDRESS	1239 HWY 2	23 STREET ADDRESS		
CITY ST ZIP	GRACEVILLE FL 32440	24 CITY ST ZIP		
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	STEPHENSON, CHARLES	32 NAME	Charles Stephenson	
STREET ADDRESS	171 HWY 2	33 STREET ADDRESS	1717 Hwy 2	
CITY ST ZIP	CAMPBELLTON FL	34 CITY ST ZIP	Campbellton, Fl. 32426	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MCRAE, FINLEY	42 NAME		
STREET ADDRESS	1605 8TH AVE.	43 STREET ADDRESS		
CITY ST ZIP	GRACEVILLE FL 32440	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, CURTIS	52 NAME		
STREET ADDRESS	5424 COTTON ST.	53 STREET ADDRESS		
CITY ST ZIP	GRACEVILLE FL 32440	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	HAMM, JOHN W.	62 NAME		
STREET ADDRESS	RT 3 BOX 206	63 STREET ADDRESS		
CITY ST ZIP	SLOCOMB AL	64 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)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: Donald R Graham 4-7-95 904-263-3267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Donald R. Graham, Pres.

0411102 FP