

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

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**

3. Date Incorporated or Qualified **06/14/1983** 3a. Date of Last Report **04/12/1995**  
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

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature must be handwritten) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WAYMER, BRYAN W</b>	
STREET ADDRESS	<b>1188 10TH AVE.</b>	
CITY, ST, ZIP	<b>GRACEVILLE FL 32440</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PELHAM, CLIFFORD</b>	
STREET ADDRESS	<b>1239 HWY 2</b>	
CITY, ST, ZIP	<b>GRACEVILLE FL 32440</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEPHENSON, CHARLES</b>	
STREET ADDRESS	<b>1717 HWY 2</b>	
CITY, ST, ZIP	<b>CAMPBELLTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>M CRAE, FINLEY</b>	
STREET ADDRESS	<b>1605 8TH AVE.</b>	
CITY, ST, ZIP	<b>GRACEVILLE FL 32440</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PHILLIPS, CURTIS</b>	
STREET ADDRESS	<b>5424 COTTON ST.</b>	
CITY, ST, ZIP	<b>GRACEVILLE FL 32440</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAMM, JOHN W.</b>	
STREET ADDRESS	<b>RT 3 BOX 206</b>	
CITY, ST, ZIP	<b>SLOCOMB AL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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 if changed, or on an attachment with an address.

SIGNATURE: *Donald R. Graham* **Donald R. Graham**  
Date: **2-23-96** Div/Intr. Phone #: **904-263-3267**

CR2E034 (12/95)

DIRECTORS AND OFFICERS CONTINUED

PBG Financial Services, Inc.

Donald R. Graham, D/Pres/Chrm  
5368 Ezell Street  
Graceville, Fl. 32440

Joseph A Sheffield D/Sec.  
P.O. Box 28329  
Panama City, Fl. 32411-8329

Carol C. Smith, Treas.  
1255 Sanders Avenue  
Graceville, Fl. 32440