

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 25 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 # G46342 (3)

1. Corporation Name: PBG FINANCIAL SERVICES, INC.



Principal Place of Business:

% DONALD R GRAHAM
P.O. BOX 596
GRACEVILLE FL 32440

Mailing Address:

% DONALD R GRAHAM
P.O. BOX 596
GRACEVILLE FL 32440-0596

2. Principal Place of Business:

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address:

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

29

3. Date Incorporated or Qualified

06/14/1983

3a. Date of Last Report

02/27/1996

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 for my own, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

2-14-97

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent Signature required when reinstating)

DATE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
1.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
2.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	D and V-Chrm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5028 HWY 77	<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing 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* Donald R. Graham, Pres.

2-14-97

CR2E034 (9/96)