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Apr 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G46342

1. Corporation Name
PBG FINANCIAL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
06/14/1983

4. FEI Number
59-2382703

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 owes the current year Intangible Personal Property Tax. 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

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 required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D- <input type="checkbox"/> DELETE
NAME	WAYMER, BRYAN W
STREET ADDRESS	1188 10TH AVE.
CITY-ST-ZIP	GRACEVILLE FL 32440
TITLE	D <input type="checkbox"/> DELETE
NAME	PELHAM, CLIFFORD
STREET ADDRESS	1239 HWY 2
CITY-ST-ZIP	GRACEVILLE FL 32440
TITLE	D <input type="checkbox"/> DELETE
NAME	STEPHENSON, CHARLES
STREET ADDRESS	1717 HWY 2
CITY-ST-ZIP	CAMPBELLTON FL
TITLE	DVC <input type="checkbox"/> DELETE
NAME	MCRAE, FINLEY
STREET ADDRESS	1605 8TH AVE.
CITY-ST-ZIP	GRACEVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PHILLIPS, CURTIS
STREET ADDRESS	5028 HIGHWAY 77
CITY-ST-ZIP	GRACEVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HAMM, JOHN W.
STREET ADDRESS	RT 3 BOX 206
CITY-ST-ZIP	SLOCOMB AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input 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	13905 Pelican Street
5.4 CITY-ST-ZIP	Panama City Beach, Fl. 32413
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Donald R. Graham Date: 4-19-99 Daytime Phone #: 850-263-3267

CR2E034 (11/98)