

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G46342

Entity Name: PBG FINANCIAL SERVICES, INC.

Current Principal Place of Business:

5306 BROWN STREET
GRACEVILLE, FL 32440

Current Mailing Address:

P.O. BOX 596
GRACEVILLE, FL 32440

FEI Number: 59-2382703

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAHAM, DONALD R
5306 BROWN ST
GRACEVILLE, FL 32440 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, SECRETARY
Name TURNER, JOHN B
Address 125 WENTWORTH DR
City-State-Zip: DOTHAN AL 36301

Title TREASURER, DIRECTOR
Name SMITH, CAROL C
Address 1255 SANDERS RD
City-State-Zip: GRACEVILLE FL 32440

Title DIRECTOR
Name DAUZAT, CAROLINE
Address 1506 ISLAND GREEN
City-State-Zip: MIRAMAR BEACH FL 32550

Title CHAIRMAN, DIRECTOR, PRESIDENT
Name GRAHAM, DONALD R
Address 1104 EZELL ST
City-State-Zip: GRACEVILLE FL 32440

Title DIRECTOR, VC, VP
Name WATFORD, DAVID M
Address 5369 MIXON ST
City-State-Zip: GRACEVILLE FL 32440

Title DIRECTOR, ASST. SECRETARY
Name SMITH, MICHAEL T
Address 1255 SANDERS AVE
City-State-Zip: GRACEVILLE FL 32440

Title DIRECTOR
Name BARBER, RONALD
Address 5378 COOPER ST.
City-State-Zip: GRACEVILLE FL 32440

Title DIRECTOR
Name CRISP, BENJIE L
Address P.O. BOX 784
1690 HWY 2
City-State-Zip: GRACEVILLE FL 32440

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL SMITH

EVP

02/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JERNIGAN, CHRIS
Address 1141 10TH AVE
City-State-Zip: GRACEVILLE FL 32440

Title DIRECTOR
Name MCRAE, CHARLES F JR.
Address P.O. BOX 7
 5381 CLIFF STREET
City-State-Zip: GRACEVILLE FL 32440