

**2016 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           TREA  
Name           SMITH, CAROL C  
Address        1255 SANDERS RD  
City-State-Zip: GRACEVILLE FL 32440

Title           DIRECTOR  
Name           MCRAE, FINLEY  
Address        1605 8TH AVE.  
City-State-Zip: GRACEVILLE FL 32440

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        5365 CHERRY 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           JERNIGAN, JOSEPH H  
Address        1145 10TH AVE  
City-State-Zip: GRACEVILLE FL 32440

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

*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 C SMITH

**TREASURER**

**02/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date