

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

**FILED**  
**May 01, 1996 08:00 AM**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # P95000074180 (7)**

1. Corporation Name

**B B & B MANAGEMENT GROUP, INC.**



Principal Place of Business

Mailing Address

3232 WELLINGTON RD  
 ALEXANDRIA VA 22302

3232 WELLINGTON RD  
 ALEXANDRIA VA 22302

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MINTON, MICHAEL D**  
**1903 S 25TH ST**  
**FT PIERCE FL 34947**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

4. FEI Number

58-2206957

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WATKINS, DERBY H	
STREET ADDRESS	3232 WELLINGTON RD	
CITY-ST-ZIP	ALEXANDRIA VA 22302	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTINUZZI, DARLENE A	
STREET ADDRESS	2407 SIMPKINS FARM DR	
CITY-ST-ZIP	HERNDON VA 22071	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOLSON, SUSAN R	
STREET ADDRESS	3250 S UTAH ST	
CITY-ST-ZIP	ARLINGTON VA 22206	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CRISP, CAROLYN J.
1.3 STREET ADDRESS	2407 SIMPKINS FARM DR.
1.4 CITY-ST-ZIP	HERNDON, VA 22071
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Derby H. Watkins* Derby H. WATKINS, Secretary 4/29/96 703-931-7509  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)