

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000063000 (1)**
1. Corporation Name
BB & T INC.



Principal Place of Business: **1156 S. LOVERS LANE TALLAHASSEE FL 32311**
Mailing Address: **1156 S. LOVERS LANE TALLAHASSEE FL 32311**

3. Date Incorporated or Qualified: **08/26/1994**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business: **3369 Tansey Ct**
2a. Mailing Address: **3369 Tansey Ct**

4. FEI Number: **59-3256317**
Applied For: Not Applicable

22. City & State: **Tallahassee, FL**
27. City & State: **Tallahassee, FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Zip: **32308** Country: **USA**
28. Zip: **32308** Country: **USA**

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:
**ALLEWELT, SHARON L
1156 S. LOVERS LANE
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent:
81 Name: **Sharon L. Allewelt**
82 Street Address (P.O. Box Number is Not Acceptable): **3369 Tansey Ct**
83
84 City: **Tallahassee** FL 85 Zip Code: **32308**

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: Sharon L. Allewelt DATE: 4-13-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input checked="" type="checkbox"/>
NAME	ALLEWELT, KENNETH W	
STREET ADDRESS	1156 S LOVERS LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	ALLEWELT, KIM	
STREET ADDRESS	1156 S LOVERS LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	ST	<input type="checkbox"/>
NAME	ALLEWELT, SHARON L	
STREET ADDRESS	3369 TANSEY CT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Vice President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Joan L. Allewelt		
1.3 STREET ADDRESS	2204 Monaco Dr.		
1.4 CITY-ST-ZIP	Tallahassee, FL 32308		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	President, Secretary, Treasurer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Sharon L. Allewelt		
3.3 STREET ADDRESS	3369 Tansey Ct		
3.4 CITY-ST-ZIP	Tallahassee, FL 32308		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Sharon L. Allewelt DATE: 4-13-96 DAYTIME PHONE #: 904-878-4985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)