

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

2a. Mailing Address

21 3369 Tansey Ct  
Suite, Apt. #, etc.

26 3369 Tansey Ct  
Suite, Apt. #, etc.

4. FEI Number  
59-3256317

Applied For  
Not Applicable

22 City & State  
23 Tallahassee, FL

27 City & State  
28 Tallahassee, FL

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

24 Zip 32308 25 Country USA

29 Zip 32308 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

4-13-96

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME ALLEWELT, KENNETH W  
STREET ADDRESS 1156 S LOVERS LANE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE VP ☒ DELETE  
NAME ALLEWELT, KIM  
STREET ADDRESS 1156 S LOVERS LANE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ST ☐ DELETE  
NAME ALLEWELT, SHARON L  
STREET ADDRESS 3369 TANSEY CT  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☐ Change ☒ Addition  
1.2 NAME Joan L. Allewelt  
1.3 STREET ADDRESS 2204 Monaco Dr.  
1.4 CITY-ST-ZIP Tallahassee, FL 32308

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE President, Secretary, Treasurer ☒ Change ☐ Addition  
3.2 NAME Sharon L. Allewelt  
3.3 STREET ADDRESS 3369 Tansey Ct  
3.4 CITY-ST-ZIP Tallahassee, FL 32308

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: Sharon L. Allewelt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-96

Date

904-878-4985

Daytime Phone #

904-878-7301

CR2E034 (12/95)