

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L85150

**Entity Name:** BUCKHURST, INCORPORATED

**Current Principal Place of Business:**

% CAROLYN Z. BARNES  
4333 ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32207

**FILED**  
**Apr 07, 2017**  
**Secretary of State**  
**CC0785410883**

**Current Mailing Address:**

% CAROLYN Z. BARNES  
P O BOX 10528  
JACKSONVILLE, FL 32247

**FEI Number: 59-3022284**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BARNES, CAROLYN Z  
% CAROLYN Z. BARNES  
9144 SUGARLAND DR  
JACKSONVILLE, FL 32256 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           DPT  
Name           BARNES, CAROLYN Z.  
Address        9144 SUGARLAND DR  
City-State-Zip: JACKSONVILLE FL 32256

Title           S  
Name           STOVER, AILEEN BARNES  
Address        2200 EDISON AVE. NE  
City-State-Zip: ATLANTA GA 30305

*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: CAROLYN Z BARNES**

**PRESIDENT**

**04/07/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date