

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G56540** (9)

1. Corporation Name

BUCKNER ENTERPRISES, INC.

Principal Place of Business

**304 E 4TH ST
ORLANDO FL 32824
US**

Mailing Address

**2500 KUNZE AVE.
P.O. BOX 561229
ORLANDO FL 32856-8229**



3. Date Incorporated or Qualified

08/24/1983

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26** **P.O. Box 561229**

22 City & State **27** Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip **25** Country

28 Zip **30** Country

24 **32856** **25** **USA**

4. FEI Number

59-2951793

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUCKNER, DIANE M.
3003 GEORGE MASON AVE.
WINTER PARK FL 32792**

81. Name

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

2302 Barbados Dr.

84. City

FL

85. Zip Code

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

Diane M. Buckner

Signature, typed or printed name of registered agent and date of appointment

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

4-17-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VP**
STREET ADDRESS **BUCKNER, L.R.**
CITY-ST-ZIP **909 SWEETBRIAR RD.**
ORLANDO FL

TITLE ☐ DELETE

NAME **P**
STREET ADDRESS **BUCKNER, AGNES M.**
CITY-ST-ZIP **909 SWEETBRIAR RD.**
ORLANDO FL

TITLE ☐ DELETE

NAME **S**
STREET ADDRESS **BUCKNER, DIANE M.**
CITY-ST-ZIP **3003 GEORGE MASON AVE.**
WINTER PARK 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **2302 Barbados Dr.**
3.4 CITY-ST-ZIP

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:

Diane M. Buckner **Diane M. Buckner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

DATE

(407) 857-1115

DAYTIME PHONE #

CR2E034 (12/95)